TTUHSC SHP Immunization Requirements

Copies of lab reports, immunizations and/or health records must be provided.

1. Varicella (Chicken Pox)  Positive Varicella Titer (blood test)   Date of Test: _______________  (Attach Report)

   TTUHSC does not accept vaccine for this requirement

2. Measles, Mumps, and Rubella (MMR)  Positive MMR titer (blood test)   Date of Test: _______________  (Attach Report)

   TTUHSC does not accept vaccine for this requirement

3. Tuberculosis:  2 –STEP TB skin test (within the past 3 months)

   www.nationaltbcenter.edu

   Visit 1, day 1: Place the 1st TST and have the employee return in 7 days for the test to be read.

   Visit 2, day 7: Place 2nd TST on all employees/volunteers whose 1st test is negative at 7 days.

   Visit 3, day 9 or 10: Read the 2nd test at 48-72 hours.

   There are different ways of performing the 2 Step TB, we accept any of them

   1st test  Date: _____  Result: _____  mm
   2nd test  Date: _____  Result: _____  mm

   If positive on TST

   Negative Chest X-Ray if (+) TST  Date: __________  Result: __________

   Chest X-Ray must be no older than 1 year, if TB skin test is positive.

   (Attach Report)

   TTUHSC will also accept IGRA (T-SPOT or quantiFERON) testing in place of a TB test

   Date: __________  Results: __________

4. Hepatitis B:  Positive Hepatitis B titer  Date of Test: __________  (Attach Report)

   TTUHSC does not accept vaccine for this requirement

5. Tetanus/diphtheria (Td):  Tetanus Diphtheria booster  (required within past 10 years)

   Td Date: _______________  (Tdap will suffice)

6. Tdap (Tetanus, Diphtheria, and Acellular Pertussis):  One time Adult Dose  (these are only good for 10 years, must be good for you entire length of stay)

   Tdap date: __________

7. Meningococcal Vaccine (MCV):  Adults 22 and younger  (vaccine within the last 5 years)

   MCV date: _______________  circle exemption (age, online)

8. Influenza Vaccine:  Influenza date: _______________  (required during FLU season October- March)

   Recommended:

9. Covid-19 Vaccine:  Documentation of 2 doses of Moderna or Pfizer, or one dose of Johnson and Johnson

   Dose#1______________  Dose#2______________

This completed form and supporting documentation should be forwarded as soon as possible to:

Office of Institutional Health- TTUHSC
3601 4th st MS 8150
Immunization Coordinator
Lubbock TX 79430
fax 806-743-2056 or email to 
Mecole.campbell@ttuhsc.edu
(806-743-7455)

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