

R# \_\_\_\_\_ NAME \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_ Program: DPT, MP, CLS, PA

## 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](http://www.nationaltbcenter.edu)

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

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

**Visit 3, day 9 or 10:** Read the 2<sup>nd</sup> test at 48-72 hours.

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

**1<sup>st</sup> test** Date: \_\_\_\_\_ Result: \_\_\_\_\_ mm

**2<sup>nd</sup> 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- Mar)

**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 4<sup>th</sup> st MS 8150  
Immunization Coordinator  
Lubbock TX 79430  
fax 806-743-2056 or email to  
[Mecole.campbell@ttuhsc.edu](mailto:Mecole.campbell@ttuhsc.edu)  
(806-743-7455)