R#		IE				
Email	:	Phone	e number			
	TT	TUHSC SOM Immu	ınizati	on Requirem	ents	
	Copies of la	b reports, immunizations Must be submit			<mark>ist be provided.</mark>	
		must be submit	ica by or	ary, our Lot i		
1.	Varicella (Chicken Pox)	Positive Varicella Titer (bloc	od test)	Date of Test:	(A	ttach Report
	TTUHSC does not accept	vaccine for this requirement				
2.	Measles, Mumps,					
	and Rubella (MMR)	Positive MMR titer (blood te	st)	Date of Test:	(A	ttach Report
	TTUHSC does not accept v	accine for this requirement				
3.	Tuberculosis:	2 –STEP TB skin test				
www.nationaltbcenter.edu		1st test Date:				
		2 nd test Date:				
/isit 1, day 1: Place the 1 st TST and have he employee return in 7 days for the test			If positive			
be read		Negative Chest X-Ray if (+)	TST D	ate:	Result:	
	<u>y</u> 7: Place 2 nd TST on all s/volunteers whose 1 st test is t 7 days.	Chest X-Ray must be no of (Attach Report)	older than	1 year, if TB skin te	est is positive.	
	y 9 or 10: Read the 2 nd test at 48-	TTUHSC will also accept	IGRA (T	-SPOT or quantiFEF	RON) testing in pl	ace of a TB
	different ways of performing the we accept any of them	Date:	_ Results:		_	
4.	Hepatitis B :	Positive Hepatitis B titer (Q	uantitative	Date of Test:	(Attac	ch Report)
	TTUHSC does not accept vi	accine for this requirement				
5.	Tetanus/diphtheria (Td): 1	Tetanus Diphtheria booster	(required	within past 10 year	s)	
		Td Date:	(Tdap will	suffice)		
6.	Tdap (Tetanus, Diphtheria	, and Acellular Pertussis): (One time <mark>/</mark>	Adult Dose		
		-				
7.	Maningococcal Vaccina (M	Tdap date: MCV): Adults 22 and younge		e within the last 5 ve	aare)	
٠.	meningococcai vaccine (i	MCV date:	•	•	•	
			_	. , ,	•	
8.	Influenza Vaccine:	Influenza date:	(requ	ired during FLU seas	on October- Mar)	
Red	commended:					

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

Dose#1______Dose#2_____

Documentation of 2 doses of Moderna or Pfizer, or one dose of Johnson and Johnson

Office of Institutional Health – TTUHSC cathy.garza@ttuhsc.edu

Rev: 04/19/21 NH

9. Covid- 19 Vaccine: