

R# \_\_\_\_\_ NAME \_\_\_\_\_  
Email: \_\_\_\_\_ @ttuhsc.edu Phone number: \_\_\_\_\_ Program: \_\_\_\_\_

## TTUHSC SON Immunization Requirements

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

**1. Varicella (Chicken Pox): Documentation of 2 Varicella vaccine doses**

Dose #1 date \_\_\_\_\_ Dose #2 date \_\_\_\_\_

**OR**

Documented Varicella immunity-titer (blood test)

Date of Test: \_\_\_\_\_ (Attach Report)

**(TTUHSC does not accept history of disease)**

**2. Measles, Mumps, and Rubella (MMR):**

**Documentation of 2 MMR vaccine doses**

MMR #1-Date \_\_\_\_\_ MMR #2-Date \_\_\_\_\_

**OR**

MMR titer (blood): Date of test \_\_\_\_\_ (Attach Report)

**3. Tuberculosis:**

**2-STEP TB skin test**

**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: \_\_\_\_\_

**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.

**4. Hepatitis B series:**

**Documentation of 3 Hepatitis B vaccine doses**

Dose #1 date \_\_\_\_\_ Dose #2 date \_\_\_\_\_ Dose #3 date \_\_\_\_\_

**OR**

Hepatitis B Surface Antibody (blood test) Date of Test: \_\_\_\_\_ (Attach Report)

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

Td Date: \_\_\_\_\_ (Tdap will suffice)

**6. Tdap (Tetanus, Diphtheria, and Acellular Pertussis): Adult Dose**

Tdap date: \_\_\_\_\_

**7. Influenza Vaccine:**

Influenza date: \_\_\_\_\_ (required during FLU season October-Mar)

**8. Meningitis Vaccine:**

Within the last 5 years \_\_\_\_\_ (exempt at 22y/o and older)

**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**

**[Karen.spees@ttuhsc.edu](mailto:Karen.spees@ttuhsc.edu)**

**806-743-2264**