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 IgG (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 IgG titer (blood test): Date of test ______________ (Attach Report)

3. Tuberculosis: * SON requires 2 negative TB skin tests within the last 12 months
   * If you have NOT had two negative TB tests within the last 12 months you must have a 2-step
   Two Step = Two TB skin tests administered at least 7 days apart. Submit results below.
   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, in the last 12 mo.
   Date:____________ Results:____________

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 IgG (blood test) Date of Test: ______________ (Attach Report)

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

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

7. Meningococcal Vaccine (MCV): Adults 22 and younger (vaccine within the last 5 years)
   MCV date: ____________ circle exemption (age, online) DOB: ____________

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 1 dose of Johnson & Johnson
   Dose#1 Date ____________ Dose #2 Date ____________

This completed form and supporting documentation should be forwarded as soon as possible to:
Office of Institutional Health- TTUHSC Room 1A150
3601 4th St, Lubbock, TX (MS 8150)
fax 806-743-2050 or email to Karen.spees@ttuhsc.edu

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