

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

## 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.**

**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

**There are different ways of performing the 2-step Tb, we accept any of them.**  
[www.nationaltbcenter.edu](http://www.nationaltbcenter.edu)

**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, 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: \_\_\_\_\_ (Tdap 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 4<sup>th</sup> St, Lubbock, TX (MS 8150)**  
**fax 806-743-2050 or email to [Karen.spees@ttuhsc.edu](mailto:Karen.spees@ttuhsc.edu)**