



Hire Date: _____

Name: _____ R# _____ DOB: _____ Dept: _____

TTUHSC Immunization Requirements for New Faculty & Staff with Direct Patient Care

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

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

Dose #1 date _____ Dose #2 date _____

OR

Varicella titer showing immunity to the virus: Date of test: _____ (Attach lab report)

2. **Measles, Mumps, Rubella:** Documentation of 2 MMR vaccine doses

(MMR) Dose #1 date: _____ Dose #2 date: _____

OR

MMR titer: Date of test: _____ (Attach lab report)

3. **Hep B series:** Documentation of 3 Hep B vaccine doses

#1 date: _____

#2 date: _____

#3 date: _____

OR

Hepatitis B Surface Antibody titer- Date of test: _____ (Attach report)

4. **Tdap** Date of vaccine: _____ (Tetanus, Diphtheria, and Acellular Pertussis)

Adult dose only* Vaccine cannot be more than 10 yrs old and must be administered from the age 18 & up.

5. **2-Step TB skin test** (2 TB skin test administered 7 days apart from each other with negative readings)

TST #1-Day 1 date: _____ Return in 7 days for reading **Results:** _____ mm

TST #2-Day 7 date: _____ Return in 48-72 for reading **Results:** _____ mm

OR

Quantiferon Gold Test (blood test) Collection date: _____ Results: _____ (Attach report)

If blood test comes back positive please provide documentation of positive results along with a chest X-ray dated within 6 months of lab results. Chest X-ray date: _____ Results: _____

6. **Annual Influenza Vaccine** Date: _____

7. **COVID-19 Vaccine** Dose #1 date _____ Dose #2 date _____ Dose #3 date _____

Manufacturer: _____

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



TTUHSC Employee Health Nurse:

Yvonne Burrola MSHA, LVN

yvonne.burrola@ttuhsc.edu

3601 4th Street

Room # 1A150

Lubbock, TX 79430

Office Phone: 806-743-4923 Fax Number: 806-743-2056

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