TTUHSC SHP 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
   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
   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 (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)

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

Office of Institutional Health- TTUHSC
3601 4th st MS 8150
Lubbock TX 79430
fax 806-743-2056 or email
Mecole.Campbell@ttuhsc.edu
806-743-7455

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