TTUHSC SHP Immunization Requirements

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

1. Varicella (Chicken Pox) Positive Varicella Titer (blood test) Date of Test: _______________ (Attach Report)
   TTUHSC does not accept vaccine for this requirement

2. Measles, Mumps, and Rubella (MMR) Positive MMR titer (blood test) Date of Test: ________________ (Attach Report)
   TTUHSC does not accept vaccine for this requirement

3. Tuberculosis: 2 –STEP TB skin test (within the past 3 months)
   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 : Positive Hepatitis B titer: Date of Test: __________ (Attach Report)
   TTUHSC does not accept vaccine for this requirement

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

6. Tdap (Tetanus, Diphtheria, and Acellular Pertussis): One time Adult Dose (these are only good for 10 years, must be good for you entire length of stay)
   Tdap date: ___________

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

8. Influenza Vaccine: Influenza date: ____________ (required during FLU season October- Mar)

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

Office of Institutional Health- TTUHSC
3601 4th st MS 8150
Immunization Coordinator
Lubbock TX 79430
fax 806-743-2056 or email to Mecole.campbell@ttuhsc.edu (806-743-7455)

Revised 04/23/19