

R# _____ NAME _____
Email: _____ Phone number: _____



TTUHSC SOM Immunizations

**Copies of lab reports, immunizations and/or health records must be provided.
Must be submitted by June 3, 2022**

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**
1st test Date: _____ Result: _____ mm
2nd test Date: _____ Result: _____ mm
If positive on TST
Negative Chest X-Ray if (+) TST Date: _____ Result: _____

www.nationaltbcenter.edu
Visit 1, day 1: Place the 1st TST and have the employee return in 7 days for the test to be read.
Visit 2, day 7: Place 2nd TST on all employees/volunteers whose 1st test is negative at 7 days.
Visit 3, day 9 or 10: Read the 2nd test at 48-72 hours.
There are different ways of performing the 2 Step TB, we accept any of them

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 (Quantitative) 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**
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)

***TTUHSC strongly recommends that you be vaccinated for COVID-19. If you have received the COVID-19 vaccine, please document below:**
9. **Covid- 19 Vaccine:** Documentation of Primary Monovalent Series Dose #1 and Dose #2 – OR – Bivalent Dose #1
Dose#1 Date _____ Dose#2 Date _____ Booster Date _____

**Covid-19 vaccination may be mandatory at some clinical sites. At this time, TTUHSC does not require you to disclose whether or not you have received the Covid-19 vaccine. However, for those who do not receive the vaccine or obtain an approved Covid-19 vaccine waiver, if applicable, your ability to obtain required clinical hours necessary for program completion may be impacted. For those who wish to not disclose, it will be considered that you have not received the vaccine for the purposes of adhering to clinical site requirements.*

**This completed form and supporting documentation should be forwarded as soon as possible to:
Office of Institutional Health – TTUHSC
cathy.garza@ttuhsc.edu**