

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

TTUHSC SON Immunizations – MANSFIELD CAMPUS ONLY

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): Date of test _____ (Attach Report)
3. **Tuberculosis:** * Documentation of **IgRa, T-SPOT or Quantiferon** Blood test in the last 12 months.
Date: _____ Results: _____

* If positive on Tb blood test/IgRa, a negative Chest X-Ray is required

Chest X-Ray must be no older than 1 year, Attach Report
Negative Chest X-Ray Date: _____ Result: _____
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 TDAP 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)

***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.**

Traditional SON Students, ABSN/Graduate Online Students:

This completed form and supporting documentation should be forwarded as soon as possible to: Office of Institutional Health- TTUHSC Immunization coordinator

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