TTUHSC SON Immunizations

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:
   * SON requires 2 negative TB skin tests within the last 12 months

   * If you have NOT had two negative TB tests within the last 12 months you must have a 2-step
   Two – STEP = Two TB skin tests administered at least 7 days apart. Submit results below.

   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, in the last 12 mths.
   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 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 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 2 doses of Moderna or Pfizer, or one dose of Johnson and Johnson

   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 Immunization coordinators
Traditional SON Students: Karen.spees@ttuhsc.edu / FAX 806-743-2050
ABSN/Graduate Online Students: tinsteph@ttuhsc.edu / FAX 806-743-2056