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)

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_____________

*TTUHSC strongly recommends that you be vaccinated for COVID-19. If you have received the COVID-19 vaccine, please document below:

   *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:  finsteph@ttuhsc.edu / FAX 806-743-2056