

Name: _____ DOB: _____ Email Address: _____

TTUHSC Immunization Requirements for - In Clinic Volunteer Services
Copies of lab reports, Immunizations and/or health records must be provided.

1. Varicella (Chickenpox): Documentation of 2 Varicella vaccine doses

Dose #1 date _____ Dose #2 date _____

OR

Varicella titer showing immunity to the virus: Date of test: _____ (Attach lab report)

2. Measles, Mumps, Rubella: Documentation of 2 MMR vaccine doses

(MMR) Dose #1 date: _____ Dose #2 date: _____

OR

MMR titer: Date of test: _____ (Attach lab report)

3. Hep B series: Documentation of 3 Hep B vaccine doses

#1 date: _____

#2 date: _____

#3 date: _____

OR

Hepatitis B Surface Antibody titer- Date of test: _____ (Attach report)

4. Tdap Date of vaccine: _____ (Tetanus, Diphtheria, and Acellular Pertussis)

Adult dose only* Vaccine cannot be more than 10 yrs old and must be administered from the age 18 & up.

5. 2-Step TB skin test (2 TB skin test administered 7 days apart from each other with negative readings)

TST #1-Day 1 date: _____ Return in 7 days for reading **Results:** _____ mm

TST #2-Day 7 date: _____ Return in 48-72 for reading **Results:** _____ mm

OR

Quantiferon Gold Test (blood test) Collection date: _____ Results: _____ (Attach report)

If blood test comes back positive please provide documentation of positive results along with a chest X-ray dated within 6 months of lab results. Chest X-ray date: _____ Results: _____

6. Annual Influenza Vaccine Date: _____

Flu season is from October-March



TTUHSC Employee Health Nurse:

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