TTUHSC SHP Immunization Requirements

Copies of lab reports, immunizations and/or health records must be provided.
All immunizations and blood work must be submitted by October 15th
TB testing must have last reading after October 1st

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:  
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  
2 –STEP TB skin test (last reading must be after October 1st)

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  
Date: __________ Results: _____________

4. Hepatitis B:  
Positive Hepatitis B titer:  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  (these are only good for 10 years, must be good for you entire length of stay)  
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)

This completed form and supporting documentation should be forwarded as soon as possible to:

Office of Institutional Health- TTUHSC
3601 4th st MS 8150  
Immunization Coordinator  
Lubbock TX 79430  
fax 806-743-2056 or email to  
Nicole.hines@ttuhsc.edu

Rev: 04/18/2018