TTUHSC Immunization Requirements – Volunteer/Observer

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
   Varicella titer: Date of Test: _______________ (Attach Report)

2. Measles, Mumps, and Rubella (MMR): Documentation of 2 MMR vaccine doses
   Dose #1 date ___________ Dose #2 date ___________
   OR
   MMR titer: Date of test _______________ (Attach Report)

3. Tuberculosis: 2–STEP TB skin test instructions or current (within 12 months)
   Visit 1, day 1: Place the 1st TST and have the person return in 7 days for the test to be read.
   TST #1 date: _______________ Result: _______________mm
   Visit 2, day 7: Place 2nd TST on the person whose 1st test is negative at 7 days.
   TST #2 date: _______________ Result: _______________mm
   Visit 3, day 9 or 10: Read the 2nd test at 48-72 hours.
   OR
   IGRA Test: Date of test _______________ (Attach Report)
   If positive on TST or IGRA: Documentation of positive, Chest X-ray (within 12 months), and Complete annual questionnaire
   Negative Chest X-Ray if (+) TST 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: 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 (one time dose starting year 2005)
   Tdap date: _______________

7. Influenza Vaccine: Influenza date: _______________

This completed form and submit supporting documentation (Please provide date of birth on all forms) to Volunteer Services.

TTUHSC Volunteer Services
volunteerservices@ttuhsc.edu
3601 4th St.
Lubbock, TX 79430
806-743-2959 or fax 806-743-1684
Mail Stop 8195

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