

Name _____ Email _____

R# _____ Date of Birth _____

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