TTUHSC SHP Immunization Requirements

Copies of lab reports, immunizations and/or health records must be provided.

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:**
   - [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**

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 Mecole.campbell@ttuhsc.edu
(806-743-7455)

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