TTUHSC SOM Immunization Requirements

Copies of lab reports, immunizations and/or health records must be submitted by July 8th

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:**
   - **2 –STEP TB skin test**
     - 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 (Quantitative)
   - 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**
   - 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 Yvonne.burrola@ttuhsc.edu

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