TTUHSC SOP Immunization Requirements

Copies of lab reports, immunizations and/or health records must be provided.
Must be submitted by June 1st

1. Varicella (Chicken Pox): Documentation of 2 Varicella vaccine doses
   Dose #1 date _____________ Dose #2 date _____________
   OR
   Documented Varicella immunity-titer (blood test)
   Date of Test: _______________ (Attach Report)
   (TTUHSC does not accept history of disease)

2. Measles, Mumps, and Rubella (MMR): Documentation of 2 MMR vaccine doses
   MMR #1-Date ___________ MMR# 2-Date __________
   OR
   MMR titer (blood test): Date of test ______________ (Attach Report)

3. Tuberculosis:
   2–STEP TB skin test (May 1st start)
   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 series: Documentation of 3 Hepatitis B vaccine doses
   Dose#1 date_______ Dose #2 date_______ Dose #3 date_______
   OR
   Hepatitis B Surface Antibody (blood test) 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 Dose (Tdap is only good for 10 years, must be current for your entire 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 Yvonne.burrola@ttuhsc.edu
806-743-4923

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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