TTUHSC SON Immunization Requirements

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
   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 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- May)

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
Karen.Spees@ttuhsc.edu
806-743-2264

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