TTUHSC Immunization Requirements

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

1. Varicella (Chickenpox): 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 TST (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.
   IGRA test results (attach report): ________________
   If positive on TST or IGRA: Documentation of positive, Chest X-ray (within 12 months)
   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 supporting documentation should be forwarded as soon as possible to:

*Please provide date of birth on all forms*

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