TTUHSC GSBS 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): Date of test _____________ (Attach Report)

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 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-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
Nicole.hines@ttuhsc.edu

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