TTUHSC SOM Immunization Requirements

Copies of lab reports, immunizations and/or health records must be provided. Must be submitted by July, 10 2020

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.

   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

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