TTUHSC SOM Immunization Requirements

Copies of lab reports, immunizations and/or health records must be provided.
Must be submitted by July, 9th 2021

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.
   (Attach Report)
   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)

Recommended:
9. Covid-19 Vaccine:  Documentation of 2 doses of Moderna or Pfizer, or one dose of Johnson and Johnson
   Dose#1___________Dose#2___________

This completed form and supporting documentation should be forwarded as soon as possible to:
Office of Institutional Health – TTUHSC
cathy.garza@ttuhsc.edu

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