TTUHSC SOM Immunization Requirements

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

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: ______________ (Td 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)

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Visit 1, day 1: Place the 1st TST and have the employee return in 7 days for the test to be read.

Visit 2, day 7: Place 2nd TST on all employees/volunteers whose 1st test is negative at 7 days.

Visit 3, day 9 or 10: Read the 2nd test at 48-72 hours.

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