

NAME \_\_\_\_\_ Home School \_\_\_\_\_  
Email \_\_\_\_\_ Phone number \_\_\_\_\_

## 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**

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

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

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

1<sup>st</sup> test Date: \_\_\_\_\_ Result: \_\_\_\_\_ mm

2<sup>nd</sup> 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)

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