

**TTUHSC School of Medicine Immunization Form for Visiting Students**  
**HEALTH STATEMENT FOR VISITING MEDICAL STUDENTS**  
**TO BE COMPLETED BY A HEALTH PROVIDER OR APPROPRIATE SCHOOL**  
**OFFICIAL**

In order to protect the health of our medical students and the health of the patients with whom they come in contact, the School of Medicine requires all visiting students to provide documentation of several immunizations as well as the results of serological titers to determine whether or not they are actually immune to certain diseases. **This form must be verified and signed by your school's official or a health care provider.**

- ❖ **Copies of lab reports, immunizations and/ or health records must be provided.**
- ❖ **All results must be in English from a U.S. lab.**

1. **Varicella:** Documented Varicella immunity-titer  
Date of Test: \_\_\_\_ (Attach copy of lab report)

2. **Rubeola:** Documented Rubeola immunity-titer  
Date of Test: \_\_\_\_ (Attach copy of lab report)

3. **Rubella:** Documented Rubella immunity-titer  
Date of Test: \_\_\_\_ (Attach copy of lab report)

4. **Mumps:** Documentation of immunization MMR #1-Date\_\_\_\_ MMR# 2-Date \_\_\_\_  
**Or Titer:** Date of Test: \_\_\_\_ (Attach copy of lab report)

5. **Serial Tuberculosis Testing;** Must have 2 years of annual TB skin testing documentation  
#1 Date: \_\_\_\_\_ Result: mm  
#2 Date: \_\_\_\_\_ Result: mm  
**If positive, you must provide a Negative Chest X-Ray**  
TST Date: \_\_\_\_\_ Result:  
*Chest X-Ray must be within three months if TB skin test is positive (Attach copy of report)*

6. **Hepatitis B:** Hepatitis B series  
#1-date \_\_\_\_\_  
#2-date \_\_\_\_\_  
#3-date \_\_\_\_\_  
\*\*\***Or**\*\*\*  
**Hepatitis B Surface Antibody**  
Date of Test: \_\_\_\_ (Attach copy of lab report)

7. **Tetanus/diphtheria (Td):**  
Tetanus diphtheria booster:  
Td Date: \_\_\_\_\_ (required within past 10 years)  
\*\*\***AND**\*\*\*  
**One dose of Tdap** (Tetanus, Diphtheria and Acellular Pertussis) required as long as it has been 2 years since your last Td booster  
Tdap date: \_\_\_\_\_

*Your application is not complete until all above requirements are completed. You may **NOT** begin your training at Texas Tech Health Sciences Center School of Medicine until all requirements are completed.*

***I certify that the above statements are true:***

***Printed name of School Official:*** \_\_\_\_\_

***Signature of School Official:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_