TTUHSC SON Immunization Requirements

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

1. Varicella (Chicken Pox): Documentation of 2 Varicella vaccine doses
   
   Dose #1 date ____________ Dose #2 date ____________
   
   OR
   
   Documented Varicella immunity-titer IgG (blood test)
   Date of Test: ______________ (Attach Report)
   (TTUHSC does not accept history of disease)

2. Measles, Mumps, and Rubella (MMR): Documentation of 2 MMR vaccine doses
   
   MMR #1-Date ______________ MMR# 2-Date ______________
   
   OR
   
   MMR IgG titer (blood test): Date of test ______________ (Attach Report)

3. Tuberculosis: SON requires 2 negative TB skin tests within the last 12 months
   * If you have NOT had two negative TB tests within the last 12 months you must have a 2-step
     Two Step = Two TB skin tests administered at least 7 days apart. Submit results below.
   
   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
   There are different ways of performing the 2-step Tb, we accept any of them.
   www.nationaltbcenter.edu

   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, in the last 12 mo.
   Date: __________ Results: __________

4. Hepatitis B series: Documentation of 3 Hepatitis B vaccine doses
   
   Dose#1 date ____________ Dose #2 date ____________ Dose #3 date ____________
   
   OR
   
   Hepatitis B Surface Antibody IgG (blood test) Date of Test: ______________ (Attach Report)

5. Tetanus/diphtheria (Td): Tetanus Diphtheria booster (required within past 10 years)
   Td Date: ______________ (Tdap will suffice)

6. Tdap (Tetanus, Diphtheria, and Acellular Pertussis): Adult Dose
   Tdap date: ______________

7. Meningococcal Vaccine (MCV): Adults 22 and younger (vaccine within the last 5 years)
   MCV date: ______________ circle exemption (age, online) DOB: ______________

8. Influenza Vaccine: Influenza date: ______________ (required during FLU season October- May)

This completed form and supporting documentation should be forwarded as soon as possible to:

Office of Institutional Health- TTUHSC Room 1A150
3601 4th St MS 8150
Lubbock TX 79430
fax 806-743-2050 or email to
Karen.Spees@ttuhsc.edu

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