TTUHSC SON Immunizations

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): 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.
   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 mths.
   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-March)

*TTUHSC strongly recommends that you be vaccinated for COVID-19. If you have received the COVID-19 vaccine, please document below:

9. Covid-19 Vaccine: Documentation of Primary Monovalent Series Dose #1 and Dose#2 - OR - Bivalent Dose #1
   Dose#1 Date_________ Dose#2 Date_________ Booster Date_________

*COVID-19 VACCINATION MAY BE MANDATORY AT SOME CLINICAL SITES. AT THIS TIME, TTUHSC DOES NOT REQUIRE YOU TO DISCLOSE WHETHER OR NOT YOU HAVE RECEIVED THE COVID-19 VACCINE. HOWEVER, FOR THOSE WHO DO NOT RECEIVE THE VACCINE OR OBTAIN AN APPROVED COVID-19 VACCINE WAIVER, IF APPLICABLE, YOUR ABILITY TO OBTAIN REQUIRED CLINICAL HOURS NECESSARY FOR PROGRAM COMPLETION MAY BE IMPACTED. FOR THOSE WHO WISH TO NOT DISCLOSE, IT WILL BE CONSIDERED THAT YOU HAVE NOT RECEIVED THE VACCINE FOR THE PURPOSES OF ADHERING TO CLINICAL SITE REQUIREMENTS.

This completed form and supporting documentation should be forwarded as soon as possible to:
Office of Institutional Health- TTUHSC Immunization coordinators
Traditional SON Students: Karen.spees@ttuhsc.edu / FAX 806-743-2050
ABSN/Graduate Online Students: tinsteph@ttuhsc.edu / FAX 806-743-2056

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.
There are different ways of performing the 2-step TB, we accept any of them.
www.nationaltbcenter.edu