Name: _____ R#: _____ SON Program: _____

Email: _____ @ttuhsc.edu Start Date: _____

TTUHSC School of Nursing Immunizations

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

1. **Varicella (Chicken Pox): Documentation of 2 Varicella vaccine dose**
   - 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 & 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: Documentation of 2 negative TB skin tests within the last 12 months***

   Austin students only: Must have IGRA blood test.

   Visit 1, day 1: Place the 1st TST and have the individual return in 7 days for the test to be read.
   Visit 2, day 7: place 2nd TST on all individuals 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. Reference: www.nationaltbcenter.edu

   *If you have NOT had two negative TB tests within the last 12 months you must have 2-Step skin tests (2) to be administered at least 7 days apart.

   1st 2-Step date _____ Results _____mm 2nd 2-Step date _____ Results _____mm

   If POSITIVE on TST:
   - Negative Chest Xray (no older than 1 year of TB skin test) date _____ Results _____ (attach report)

   TTUHSC will also accept: IGRA, T-SPOT, or Quantiferon testing in place of a TB test (in the last 12 months)

   Test 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 _____ (*attach report*)
5. **Tetanus/diphtheria (Td): Tetanus diphtheria booster (must be within past 10 years)**
   - Td date _____ (Tdap will suffice)
6. **Tdap (Tetanus, Diphtheria, and Acellular Pertusssis): Adult Dose Tdap**
   - Tdap date _____
7. **Meningococcal Vaccine (MCV): Adults 22 and younger (vaccine within the last 5 years)**
   - MCV date _____ circle exemption (age, online) Date of birth _____
8. **Influenza Vaccine: Influenza date _____ (must be during FLU season October-March)**
9. **COVID-19 Vaccine: Documentation of Primary Monovalent Series Dose #1 and Dose #2 OR Bivalent Dose #1**

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

   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 THATY OU HAVE NOT RECEIVED THE VACCINE FOR THE PURPOSE OF ADHERING TO CLINICAL SITE REQUIREMENTS.

ABSN/VBSN SON Students

This completed form and supporting documentation should be forwarded to:

Office of Institutional Health & Wellness – Reggie Mack, LVN reggmack@ttuhsc.edu Ph: 806-743-3061 Fax: 806-743-2056