R#________________NAME____________________________
Email:__________________________Phone number:______________________

TTUHSC SOP Immunizations

Copies of lab reports, immunizations and/or health records must be provided.
Must be submitted by June 1.

1. **Varicella (Chicken Pox): Documentation of 2 Varicella vaccine doses**

Dose #1 date _____________ Dose #2 date _____________

OR

Documented Varicella immunity-titer (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 titer (blood test): Date of test ______________ (Attach Report)

3. **Tuberculosis:** **2 –STEP TB skin test (May 1st start)**

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

Date:____________ Results:____________

> **www.nationaltbcenter.edu**
>
> **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**

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 (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 is only good for 10 years, must be current for your entire stay)**

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)

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 Coordinator
fax 806-743-2056 or email to Cathy.Garza@ttuhsc.edu