

Name/DOB \_\_\_\_\_ Email \_\_\_\_\_ Department/R# \_\_\_\_\_

## TTUHSC Immunization Requirements

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

1. **Varicella (Chickenpox):** Documentation of 2 Varicella vaccine doses  
Dose #1 date \_\_\_\_\_ Dose #2 date \_\_\_\_\_  
**OR**  
Varicella titer: Date of Test: \_\_\_\_\_ (Attach Report)
  
2. **Measles, Mumps, and Rubella (MMR):** Documentation of 2 MMR vaccine doses  
Dose#1 date \_\_\_\_\_ Dose # 2 date \_\_\_\_\_  
**OR**  
MMR titer: Date of test \_\_\_\_\_ (Attach Report)
  
3. **Tuberculosis:** **2 –STEP TB skin test instructions or current TST (within 12 months)**  
**Visit 1, day 1:** Place the 1st TST and have the person return in 7 days for the test to be read.  
TST #1 date: \_\_\_\_\_ Result: \_\_\_\_\_ mm  
**Visit 2, day 7:** Place 2nd TST on the person whose 1st test is negative at 7 days.  
TST #2 date: \_\_\_\_\_ Result: \_\_\_\_\_ mm  
**Visit 3, day 9 or 10:** Read the 2nd test at 48-72 hours.  
**IGRA test results (attach report):** \_\_\_\_\_  
**If positive on TST or IGRA: Documentation of positive, Chest X-ray (within 12 months)**  
**Complete annual questionnaire**  
**Negative Chest X-Ray if (+) TST** Date: \_\_\_\_\_ Result: \_\_\_\_\_
  
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: 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 (one time dose starting year 2005)**  
Tdap date: \_\_\_\_\_
  
7. **Influenza Vaccine:** Influenza date: \_\_\_\_\_

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

**\*Please provide date of birth on all forms\***

**TTUHSC Employee Health  
3601 4<sup>th</sup> ST MS 6595  
Attn: Diane Baker, RN, BSN  
diane.baker@ttuhsc.edu  
Lubbock, TX 79430  
806-743-4005 or fax 806-743-2056**