

# TTUHSC SHP Immunizations

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

1. **Varicella (Chicken Pox)** Positive Varicella Titer (blood test) **IgG** Date of Test: \_\_\_\_\_ (Attach Report)

**TTUHSC does not accept vaccine**

2. **Measles, Mumps, and Rubella (MMR)** Positive MMR titer (blood test) **IgG** Date of Test: \_\_\_\_\_ (Attach Report)

**TTUHSC does not accept vaccine**

3. **Tuberculosis:** **2 –STEP TB skin test (within the past 3 months)**

[www.nationaltbcenter.edu](http://www.nationaltbcenter.edu)

Visit 1, day 1 Place the 1<sup>st</sup> TST and have the employee return in 7 days for the test to be read.

Visit 2, day 7: Place 2<sup>nd</sup> TST on all employees/volunteers whose 1<sup>st</sup> test is negative at 7 days.

Visit 3, day 9 or 10 Read the 2<sup>nd</sup> test at 48-72 hours.

**There are different ways of performing the 2 Step TB, we accept any of them**

**1<sup>st</sup> test** Date: \_\_\_\_\_ Result: \_\_\_\_\_ mm

**2<sup>nd</sup> 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 (within the past 3 months)**

Date: \_\_\_\_\_ Results: \_\_\_\_\_

4. **Hepatitis B** : Positive Hepatitis B titer (**Surface Antibody**): Date of Test: \_\_\_\_\_ (Attach Report)

**TTUHSC does not accept vaccine**

5. **Tetanus/diphtheria (Td): Tetanus Diphtheria booster (must be within past 10 years)**

Td Date: \_\_\_\_\_ (Tdap will suffice)

6. **Tdap (Tetanus, Diphtheria, and Acellular Pertussis): One time Adult Dose** (these are only good for 10 years, must be good for you entire length of 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: \_\_\_\_\_ **(must be 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 : **AM COM**  
**CONSIDER**

th st MS 8150  
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(806-743-7455)