R#_____NAME_____SON Program:_____
Email:_____@ttuhsc.edu Phone number:_____ Start Date:_____

TTUHSC SON Immunizations – MANSFIELD/DALLAS CAMPUS ONLY

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,** *****