

Name _____ Email _____

R# _____ Date of Birth _____

TTUHSC Immunization Requirements – Volunteer/Observer

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

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 (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.

OR

IGRA Test: