

R# _____ NAME _____

Email: _____ @ttuhsc.edu Phone number: _____ Program: OTD, MAT, SLHS (SLHS, SLP, AUD)

TTUHSC SHP Immunizations

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 (blood test)

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 (within the past 3 months)

Date: _____ Results: _____

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 (must be within past 10 years)**

Td Date: _____ (Tdap will suffice)

6. **Tdap (Tetanus, Diphtheria, and Acellular Pertussis): Adult Dose**

Tdap date: _____

7. **Influenza Vaccine:**

Influenza date: _____ (must be during FLU season October-Mar)

8. **Meningitis Vaccine:**

_____ **Adults 22 and younger** (vaccine within the last 5 years)

***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 M