

R# _____ NAME _____
Email: _____ Phone number: _____



TTUHSC SOM Immunizations

Copies of lab reports, immunizations and/or health records must be provided.
Must be submitted by June 3

1. Varicella (Chicken Pox) Positive Varicella Titer (blood test) Date of Test: _____ (Attach Report)
TTUHSC does not accept vaccine
2. Measles, Mumps ,
and Rubella (MMR) Positive MMR titer (blood test) Date of Test: _____ (Attach R

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

9. Covid - 19 Vaccine: Documentation of Primary Monovalent Series Dose #1 and Dose #2 – OR – Bivalent Dose #1
Dose#1 Date _____ Dose#2 Date _____ Booster Date _____

*Covid-19 vaccination may be mandatory at some clinical sites. ~~At this~~ TTUHSC does not require you to disclose whether or not you have received the covid-19 vaccine. However, for those who do not receive the vaccine or obtain an approved covid-19 vaccine waiver, if applicable, your ability to obtain required clinical hours necessary for program completion may be impacted. For those who wish to not disclose, it will be considered that you have not received the vaccine for the purposes of adhering to clinical site requirements.