

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:**