

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, and Rubella (MMR):** \*Documentation of 2 MMR vaccine doses  
MMR #1-Date \_\_\_\_\_ MMR# 2-Date \_\_\_\_\_  
**OR**  
MMR **IgG** titer (blood): Date of test \_\_\_\_\_ (Attach Report)
3. **Tuberculosis:** \* Documentation of **IgRa, T-SPOT or Quantiferon** Blood test in the last 12 months.  
Date: \_\_\_\_\_ Results: \_\_\_\_\_  
  
**\* If positive on Tb blood test/IgRa, a negative Chest X-Ray is required**  
**Chest X-Ray must be no older than 1 year, Attach Report**  
Negative Chest X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_
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 **IgG** (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 TDAP Dose**  
Tdap date: \_\_\_\_\_
7. **Meningococcal Vaccine (MCV): Adults 22 and younger (vaccine within the last 5 years)**  
MCV date: \_\_\_\_\_ circle exemption (age, online) DOB: \_\_\_\_\_
8. **Influenza Vaccine:** Influenza date: \_\_\_\_\_ (must be during FLU season October-March)

**\*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 TIME, 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.**

**Traditional SON Students, ABSN/Graduate Online Students:**

**This completed form and supporting documentation should be forwarded as soon as possible to: Office of Institutional Health- TTUHSC Immunization coordinator**

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