

## Tuberculosis (TB) Screening Record for Outside Screening

If you have proof of previous TB screening, please use this form to submit your screening information and documentation.

### Student Information

UNT Student ID # \_\_\_\_\_ Enrollment Term: Year: \_\_\_\_\_  Fall  Spring  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_  Summer: 3Week/5Week1/10Week  Summer: 5Week2  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Select Option 1 or 2

Official copy of TB screening record stating the date test was administered and date read and signed by a Health Care Provider. All testing and/or documentation must be completed in the United States within six months prior to the first day of the student's first term of study at the University. Please submit official copies of any testing performed outside UNT.

Option 1: TB Blood Test (preferred) - T spot or Quantiferon

Negative

Positive (Requires Chest X-Ray)

Option 2: TB Skin Test

Date of PPD Administration (MM/DD/YY) and time (HH:MM am/pm) \_\_\_\_\_

Date PPD Read (MM/DD/YY) and time (HH:MM am/pm) \_\_\_\_\_

Reading: \_\_\_\_\_ mm induration

Any reading  $\geq 10$  mm requires TB Blood Test (see option 1)

Option 3: Documentation of prior TB treatment

Option 4: Medical Exemption affidavit or certificate

Health Care Provider's Name, Address, and Phone Number:

\_\_\_\_\_  
Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read and understand the Tuberculosis screening/testing requirements. I certify that, to the best of my knowledge, the above information (including any attached documentation) is true and correct. I also give my consent for the above immunization record to be entered into my electronic student record.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (student is under 18 years of age): \_\_\_\_\_

Full name of parent or legal guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Office Use Only:

Date Received: \_\_\_\_\_  Approved  Denied  Incomplete Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_