

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

- Option 1: Select type of attachment
- Official copy of TB screening record stating the date test was administered and date read and signed by a Health Care Provider. 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.

Date of Immunization (MM/DD/YYYY): _____

- Medical Exemption affidavit or certificate
 - Texas Department of State Health Services Conscientious Exemption Form
- Option 2: To be completed by a Health Care Provider (Use Black Ink)

Date of TB Screening Administration (MM/DD/YYYY): _____ Negative Reading

Date of TB Screening Reading (MM/DD/YYYY): _____ Positive Reading

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: _____