

Tuberculosis (TB) Screening Record

Please read the screening requirements prior to completing this form. All applicable sections should be completed prior to printing.

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: _____

University of North Texas Student Health and Wellness Center

Tuberculosis (TB) Screening Form

Complete form within first 3 weeks of first term of study

Student Name: _____

Select one: Male Female Other _____

UNT ID Number: _____

Select one: UNT IELI

Address (US): _____

Telephone Number: _____

Email Address: _____

Please answer the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever had a positive tuberculin skin test in the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever had close contact with anyone who was sick with TB? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever traveled to one of the countries listed below? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please circle the country/countries.

Afghanistan	Cote d'Ivoire	Kyrgyzstan	Palau	Togo
Algeria	Djibouti	Lao PDR	Panama	Trinidad & Tobago
Angola	Dominican Republic	Latvia	Papua New Guinea	Tunisia
Anguilla	Ecuador	Lesotho	Paraguay	Turkey
Argentina	El Salvador	Liberia	Peru	Turks & Caicos Islands
Armenia	Equatorial Guinea	Libyan Arab Jamahiriya	Philippines	Turkmenistan
Azerbaijan	Eritrea	Lithuania	Poland	Tuvalu
Bahrain	Estonia	Macao China	Portugal	Uganda
Bangladesh	Ethiopia	Madagascar	Qatar	Ukraine
Belarus	Fiji	Malawi	Romania	Tanzania – United Republic
Belize	French Polynesia	Malaysia	Russian Federation	Uruguay
Benin	Gabon	Maldives	Rwanda	Uzbekistan
Bhutan	Gambia	Mali	St. Vincent & The Grenadines	Vanuatu
Bolivia	Georgia	Marshall Islands	Sao Tome & Principe	Venezuela – Bolivarian Republic
Bosnia & Herzegovina	Ghana	Mauritania	Senegal	Viet Nam
Botswana	Greenland	Mexico	Serbia	Wallis & Futuna Islands
Brazil	Guam	Micronesia	Seychelles	Yemen
Brunei Darussalam	Guatemala	Moldova – Republic	Sierra Leone	Zambia
Bulgaria	Guinea	Mongolia	Singapore	Zimbabwe
Burkina Faso	Guinea-Bissau	Montenegro	Solomon Islands	
Burundi	Guyana	Morocco	Somalia	
Cambodia	Haiti	Mozambique	South Africa	
Cameroon	Honduras	Myanmar	South Sudan	
Cape Verde	Hong Kong	Namibia	Sri Lanka	
Central African Republic	India	Nauru	Sudan	
Chad	Indonesia	Nepal	Suriname	
China	Iran	New Caledonia	Swaziland	
Colombia	Iraq	Nicaragua	Tajikistan	
Comoros	Kazakhstan	Niger	Tanzania – United Republic	
Congo	Kenya	Nigeria	Taiwan	
Congo DR	Kiribati	Northern Mariana Islands	Thailand	
Cook Islands	Korea – DPR	Pakistan	Timor-Leste	
	Korea – Republic			
	Kuwait			

Source: World Health Organization Global Tuberculosis Control, WHO Report 2012, Countries with Tuberculosis incidence rates of ≥20 cases per 100,000. For future updates, refer to www.who.int/globalatlas/dataQuery/default.asp

A block will be placed on your account until you complete the TB screening process.

Complete form and bring to: UNT Student Health and Wellness Center, 2nd floor of Chestnut Hall, 1800 Chestnut Street. (940) 565-2333

For more information, please visit www.healthcenter.unt.edu