



Tuberculosis (TB) Screening Record

It is the policy of the University of North Texas that all international students are to be screened for tuberculosis (TB). Screening and targeted testing for TB is essential for identifying and preventing infection on the University of North Texas (UNT) campus.

University of North Texas
Partial Excerpt of Student Immunization and Screening/Testing Policy (18.1.6)
[Full Version](#)

SCREENING REQUIREMENTS

The University will screen and, when necessary, test students identified to be at high risk for tubercular disease. High risk students must be screened and/or tested for TB or provide documentation that they were screened and/or tested for TB during within three (3) weeks after the 12th class day on the UNT campus. TB screening must be done in the United States within the past six months. Failure to comply with this requirement will result in a registration block being placed on the student's account. This information shall be maintained in accordance with Family Education Rights and Privacy Act Regulations, and with Health Insurance and Portability and Accountability Act.

Return completed form/documentation to:

Mailing Address:

UNT Student Health and Wellness Center
Attn: Immunizations Processing
1155 Union Circle #305160
Denton, TX 76203

Drop-off Location:

UNT Student Health and Wellness Center
Chestnut Hall, room 202
1800 Chestnut Street
Email: shwc-immz@unt.edu
Fax: 940.369.7042

- Allow a minimum of seven (7) business days for delivery if mailed from a location within the United States.
- The UNT Student Health and Wellness Center is not responsible for forms not received due to mail that is misdirected or lost in transit.
- **Incomplete or illegible submissions will not be processed.**
- **Allow a minimum of fifteen (15) business days from the receipt of documentation for processing.**

Students may request a TB Screening from the UNT Student Health and Wellness Center for the current posted price of the screening.



Tuberculosis (TB) Screening Record

Student Health and Wellness Center

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

STUDENT INFORMATION			
UNT Student ID # _____	Enrollment Term (Check One) <input type="checkbox"/> Fall <input type="checkbox"/> Summer: 3 Week/5 Week 1/10 Week <input type="checkbox"/> Spring <input type="checkbox"/> Summer: 5 Week 2		Year _____
Last Name _____		First Name _____	MI _____
Mailing Address _____		Apartment # _____	Daytime Phone # (____) ____ - _____
City _____		State _____	Zip Code _____
Date of Birth __ / __ / ____	Age _____	Email Address _____	

SELECTION OPTION 1 OR 2

<input type="checkbox"/> OPTION 1: Select type of attachment		
<input type="checkbox"/> Official copy of TB screening record stating the date test administered and date read and signed by a Health Care Provider <small>Documentation must be completed in the United States within the six (6) months prior to the first day of the student's first term of study at the University.</small>	Date of Immunization __ / __ / ____	
<input type="checkbox"/> Medical Exemption affidavit or certificate <input type="checkbox"/> Texas Department of State Health Services Conscientious Exemption form		
<input type="checkbox"/> OPTION 2: To be completed by a Health Care Provider - USE BLACK INK		
Date of TB Screening Administration __ / __ / ____	<input type="checkbox"/> Negative Reading <input type="checkbox"/> Positive Reading	Official Stamp: Health Care Provider's Name, Address, Phone Number
Date of TB Screening Reading __ / __ / ____		
Signature and Title 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 copies) 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 (18 years of Age or Older) – USE BLACK INK ONLY _____	Date __ / __ / ____
MINORS: Students under 18 Years of Age	
Signature of Parent or Guardian– USE BLACK INK ONLY _____	Date __ / __ / ____
Full Name of Parent or Legal Guardian _____	Relationship to Student _____

Office Use Only

Date Received __ / __ / ____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete	Date Completed __ / __ / ____ Completed By _____
---------------------------------	--	--