## University of North Texas 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.

<b>Student Information</b>			
Last/Family Name	st/Family Name First/Given Name		Middle Initial
UNT Student ID#	Date of Birth (MM/DD/YYYY)		Age
Street Address			
City	State Abbreviation	Zip Code	
Email Address			
Enrollment Term	Year of Enrollm	nent	
TB Screening Informati	ion		
required. All testing and/or	ng record stating the date test was a documentation must be completed i udy at the University of North Texa	n the United States no earlier th	signed by a healthcare provider is nan six months prior to the first day of
□ Option 1: TB Blood Test	T Spot or Quantiferon only		
□ Negative			
□ Positive (Require	es chest x-ray)		
□ Option 2: Documentation	of prior TB treatment in English		
□ Option 3: Medical provide	er affidavit or certificate documentir	ng either:	
□ TB blood test; if	positive, chest x-ray with physical e	examination required; or	
□ Prior TB treatme	nt with recent chest x-ray and physic	cal examination	
Healthcare provider's Name	e, Address, and Phone Number:		
Signature of health	care provider		Date
information, including any	nd the TB screening/testing requir y attached documentation, is true my electronic student record.		pest of my knowledge, the above consent for the above immunization
Student Signature			Date
Signature of Parent/Guardia	n if student is under 18 years of age		
Full name of parent or legal guardian R			Relationship
Office Use Only			
Date Received	□ Approved □ Denied	☐ Incomplete Date Completed	Completed by