

University of Texas Health Science Center Houston

6410 Fannin, Suite 130

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(Parking is available in the Professional Building garage from either Fannin or Main Street)

**THE UNIVERSITY OF TEXAS AT TYLER
Mandatory Tuberculosis Screening Documentation Form**

The University of Texas at Tyler requires all incoming International (undergraduate and graduate) students and Intensive English Language Institute (IELI) students who are considered to be at high risk for tuberculosis disease, as defined by the Centers for Disease Control and Prevention (CDC), to be screened for tuberculosis (TB) at UT Tyler. It is a mandatory requirement for you to be screened and/or tested for TB prior to arrival to the UT Tyler campus. The only acceptable TB screening options at UT Tyler are the QuantiFERON-TB Gold In-Tube (QFT-G) blood test or the Interferon Gamma Release Assay (IGRA) blood test. The mandatory TB screening must be completed prior to the mandatory New International Student Orientation. If the test has not been completed you will NOT be allowed to attend the mandatory New International Student Orientation, register or attend classes. The TB Screening hold placed on your account will be removed after you complete the TB screening process and you submit all required documentation.

Directions: Complete the information in Part I and II below. Take the form to your local clinic or to the UT Tyler University Health Clinic to complete your TB Screening during TB Clinic hours.

----- ALL INFORMATION MUST BE IN ENGLISH -----

Part I:

Student's Name _____ Date of Birth _____ Male Female
Last First Middle (Month/Day/Year) (circle one)

Student's Local Address _____

Student Email Address _____ Student's Phone Number _____

Student's ID Number _____ Student's Signature _____

UT Tyler Student

Part II:

Please answer the following questions:

1. Have you ever had a positive tuberculin skin test in the past? Yes No
2. Have you ever had close contact with anyone who was sick with tuberculosis (TB)?
 Yes No
3. Were you born in one of the countries listed on the chart on page 2 of this form and arrived in the U.S. within the past 5 years? Yes No
4. Have you ever traveled to one of the countries listed in the chart on page 2 of this form?
 Yes No

If yes, please circle the country/countries.

Countries considered high burden for tuberculosis disease, as defined by the Centers for Disease Control and Prevention (CDC)

Angola	Mozambique
Bangladesh	Myanmar
Brazil	Namibia
Cambodia	Nigeria
Central African Republic	Pakistan
China	Papua New Guinea
Congo	Philippines
Democratic People's Republic of Korea	Russian Federation
Democratic Republic of Congo	Sierra Leone
Ethiopia	South Africa
India	Thailand
Indonesia	Tanzania, United Republic of
Kenya	Viet Nam
Lesotho	Zambia
Liberia	Zimbabwe

Source: World Health Organization (WHO) Global TB Report
<http://www.stoptb.org/countries/tbdata.asp>

REQUIRED TESTING

Information to be completed by Licensed Medical Provider

TB QFT-G Blood Test (INCLUDE LAB REPORT):

Negative Positive _____
DATE OF TEST (Month/Day/Year)

Printed Name of Licensed Medical Personnel _____

Signature of Licensed Medical Personnel _____

Name and Address of Provider or Clinic _____

Phone Number _____ **Email** _____ Clinic/Facility Stamp

Chest X-ray required if:

Patient's IGRA blood test is positive.

Chest X-ray Results: Normal Abnormal _____
Date of X-Ray (Month/Day/Year)

Reading – results of X-ray: _____

Signature of Radiologist or Ordering Physician: _____

Name of Facility where X-ray was taken: _____

Address: _____

