



817-272-2771    www.uta.edu/healthservices    605 S. West Street Arlington, TX 76010

### **TB HISTORY FORM FOR INTERNATIONAL STUDENTS**

Please fax this completed form to 817-272-3829 or email to [hsic@uta.edu](mailto:hsic@uta.edu). TB screening must be conducted in the United States in the last 12 months prior to enrollment.

International students cannot register for classes (even during new student orientation) until UTA Health Services has documentation that they have met Tuberculosis (TB) Screening Requirements.

For questions regarding TB Screening Requirements, email [hsic@uta.edu](mailto:hsic@uta.edu) or call the Immunization Clinic at 817-272-4468.

### **STUDENT INFORMATION (Completed by student.)**

FIRST AND LAST NAME

DATE OF BIRTH

UTA ID#

UTA STUDENT EMAIL ADDRESS

HOME ADDRESS, CITY, STATE, ZIP CODE

TELEPHONE NUMBER

### **TB SCREENING INFORMATION (Must be completed by a healthcare provider.)**

International students must receive a TB test (IGRA). **TB skin tests are not accepted.**

TB test must be conducted in the United States in the last 12 months prior to enrollment.

**TB IGRA Blood Test Results (Include Lab Report):**    **Negative**    **Positive**

DATE OF TEST MM/DD/YYYY

(If TB test is positive, a chest x-ray must be performed in the United States.)

Chest X-Ray Results (Include X-Ray Report):    **Normal**    **Abnormal**

DATE OF X-RAY MM/DD/YYYY

History of INH treatment for tuberculosis infection?    **Yes**    **No**

TREATMENT START DATE MM/DD/YYYY

DURATION OF TREATMENT

SIGNATURE OF LICENSED HEALTH CARE PROVIDER (REQUIRED)

NAME OF HEALTH CARE PROVIDER

ADDRESS

PLACE STAMP IN THIS SPACE

TELEPHONE NUMBER

DATE SIGNED

PLEASE PRINT NAME, ADDRESS AND TELEPHONE NUMBER OR STAMP. THANK YOU!