

THE UNIVERSITY OF TEXAS AT DALLAS
Student Health Service
800 W. Campbell Road SU 25
Richardson, Texas 75080

Mandatory TB Testing Documentation Form

The University of Texas at Dallas Student Health Service requires all students born outside the United States to have a PPD **Mantoux** TB skin test or a chest X-ray to rule out TB, prior to registration for the first semester at UT Dallas. The student is responsible for having the required testing and it is at his/her expense. **The testing must be done and this form must be completed by the licensed care provider then the original returned by the student to the UTD Student Health Service.** You may mail the completed form (allow sufficient time) or you may bring it with you and submit to the Student Health Center. A TB hold will remain on the student record until the testing has been satisfactorily completed and this form has been returned to the Student Health Service and approved. **A student is not allowed to register if there is a hold on his/her record. We do not accept copies, faxes, or emailed TB test forms.** We are unable to send confirmation of testing received. **Students must have had the TB Test within three (3) months of registration.** **Having taken the BCG vaccine is NOT an exemption from TB testing.**

***** **ALL INFORMATION MUST BE IN ENGLISH** *****

***** **PLEASE PRINT CLEARLY** *****

STUDENTS NAME _____ Date of Birth _____ Male Female
Last Name First Name Middle (Month/Day/Year) (circle one)
Student Address _____ Country _____

UTD ID Number _____ Student Signature _____

REQUIRED TESTING

Information to be completed by Licensed Health Care Provider

TB Skin Test:

PPD Mantoux TB Skin Test

Date Applied _____
Mon/ Day/ Year

Date Read _____
Mon/ Day/ Year

Reading (Positive reaction measured in mm) or Negative _____
(A result of 10 mm or > is positive) (Results must be written out in mm)

Signature of Licensed Care Provider _____

Name and Address of Provider or Clinic _____ Clinic Stamp

Chest X-ray required if:

Patient has had previous positive TB skin Test or if above test is Positive Past Positive Test - YES or NO

Chest X-ray:

Date Completed: _____

Reading – results of X-ray: _____

Signature of Radiologist: _____

Name of Facility where X-ray was taken: _____ Facility Stamp

Address: _____

NOTE: Any student submitting false or fraudulent information will be subject to disciplinary action.

Original documentation of a Mantoux TB test or a Chest x-ray to rule out TB, which has been performed within three (3) months of current registration, may be submitted for consideration.

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