

**University Health Clinic**  
**THE UNIVERSITY OF TEXAS AT TYLER**  
**3310 Patriot Drive, Tyler, TX 75701**

**Mandatory Tuberculosis Screening Documentation Form**

The University of Texas at Tyler requires all incoming international students and scholars who originate from countries that are considered to be at higher risk for tuberculosis (TB) disease (as defined by the World Health Organization) to be screened for TB. This screening test can be completed either in one's home country before traveling to Tyler, or in Tyler at the University Health Clinic at a cost of \$110. Depending on your health insurance plan, this cost may or may not be covered. Only the **following two types of Interferon-Gamma Release Assays (IGRAs) blood tests are accepted by UT Tyler for the purposes of TB screening:**

- **QuantIFERON®-TB Gold In-Tube test (QFT-GIT)**
- **T-SPOT®.TB test (T-Spot)**

International students will be restricted from attending New International Student Orientation or from registering for or attending classes until this requirement is met.

**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:**

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male Female  
Last                      First                      Middle (Month/Day/Year) (circle one)

Applicant Local Address \_\_\_\_\_

Applicant Email Address \_\_\_\_\_ Applicant Phone Number \_\_\_\_\_

Applicants ID Number \_\_\_\_\_ Applicant Signature \_\_\_\_\_

I am a UT Tyler:  Graduate or Undergraduate Student                   IELI Student  
**(Check one)**  Exchange Visiting Scholar

**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 World Health Organization (WHO)**

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

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**

**IGRA Blood Test Result (OFT-GIT or T-Spot Only)**

Negative       Positive

**TEST LAB REPORT MUST BE INCLUDED!**

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: \_\_\_\_\_  
Clinic/Facility Stamp

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