Tuberculosis Screening

This completed form can be returned by email to: uhspatientservices@tamu.edu.

Tuberculosis (TB) screening is required for incoming international students (non-permanent residents) that were born in, hold citizenship or have resided in one of the following countries or territories for more than three (3) months:

Afghanistan
Algeria
Angola
Anguilla
Argentina
Armenia
Azerbaijan
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia (Plurinational State of)
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Burkina Faso
Burundi
Côte d'Ivoire
Cabo Verde
Cameroon
Central African Republic
Chad
China


STUDENT HEALTH CENTER POLICY REQUIRES:
- **T-Spot or Quantiferon Gold Blood testing is required.** TB skin testing will not be accepted as tuberculosis screening.
- Tuberculosis blood testing and chest x-rays (if required) must be done within 12 months prior to the start of the semester the student is choosing to enroll.
- Students with a prior BCG immunization still require tuberculosis testing.
- Students with positive TB blood test results will be evaluated at the Student Health Center or local health department.

Detailed information about screening and treatment for tuberculosis can be found at the following website: [cdc.gov/tb](http://cdc.gov/tb).

If you are a Texas A&M College Station student, you may be eligible to receive services at the A.P. Beutel Health Center. If you have questions, please visit [uhss.tamu.edu](http://uhss.tamu.edu) or email [uhspatientservices@tamu.edu](mailto:uhspatientservices@tamu.edu).

Please check which campus you are attending:

- [ ] College Station – Main Texas A&M University campus
- [ ] Remote Texas A&M University campus

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**TUBERCULOSIS TESTING DOCUMENTATION**

Student Name: ____________________________ UIN: ____________________________ Date of Birth: ____________/______/________

T-Spot or Quantiferon Gold Test Result: ____________________________ Date of Result: ____________/______/________

Physician Signature: ____________________________ Date of Signature: ____________/______/________

Address of Clinic or Office: ____________________________ City: ____________________________ State or Country: ____________________________ Zip or Country Code: ____________________________

A Copy or Original lab test result document is required. Texas A&M University – University Health Services reserves the right to not accept documentation that appears to be duplicated, false, or altered.