



For clinic use only:

Lot number: _____

Expiration Date: _____

Return time: _____

**Texas A&M International University Student Health Services
Tuberculosis (TB) Questionnaire**

1. Have you ever had a positive TB test?	YES	NO
2. Have you ever been treated for TB or taken TB medication?	YES	NO
3. Have you ever had a chest x-ray to see if you have TB?	YES	NO
4. Have you ever taken the Bacille Calmette-Guerin (BCG) immunization?	YES	NO
5. Have you taken any immunizations (MMR, MMRV, Varicella/Varivax, Shingles, FLU Mist, Oral Typhoid, Smallpox, Yellow Fever) within the past 30 days ?	YES	NO
6. FEMALE STUDENTS ONLY: Are you now, or do you believe you might be, pregnant?	YES	NO
7. Are you able to return in two days so that TB test results can be read? <i>*Failure to return in two days will result in an invalid test.</i>	YES	NO

Your signature indicates that the above answers are true and you are requesting and consenting to the administration of a tuberculin test at Texas A&M International University Student Health Services.

Print Name: _____ Student ID: _____

Signature: _____ Date: _____