

Documentation for International Mandatory Tuberculosis (TB) Screening

Certain entering international students must be screened for TB. If you need to be screened, you must meet with a health care provider at University Health Service when you arrive, and you may bring documentation to help meet the requirement (see attached page for acceptable documentation).

For documentation, you can use this form, which must be completed by a health care provider IN ENGLISH.

For questions, email tbscreen@umich.edu.

Patient Name: _____
 Family Name First Name Middle Initial

Date of Birth: _____
 Month Day Year

Has patient ever had a positive TB skin test or positive QuantiFERON-TB Gold in the past?

- No:** Place TB skin test or do QuantiFERON-TB Gold test and write result below.
- Yes: Do not** place another TB skin test. Write prior result below.

RESULT:	
TB Skin Test (<i>Must be Mantoux</i>): Date of test: _____ Month Day Year Reaction size (in millimeters): _____ mm Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive - Do not place another skin test; complete <i>Chest X-ray Result</i>	OR
QuantiFERON-TB Gold: Date of test: _____ Month Day Year Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive - Complete <i>Chest X-ray Result</i>	

Chest X-ray Result: *Complete this section only if patient had a positive TB skin test, positive QuantiFERON-TB Gold test, or has TB symptoms. You may attach a copy of chest x-ray report in English instead of completing this section. If report is not in English, you may provide an x-ray copy for the UHS radiologist to interpret.*

Exam: Posterior-Anterior (PA) Posterior-Anterior and Lateral

Result: Normal Abnormal

Interpretation: _____

Treatment for (or Exposure to) Tuberculosis:

Dates: _____

Describe: _____

Health Care Provider:

Printed Name of Health Care Provider _____ Signature _____

Street Address _____

City _____ State _____ Country (if not USA) _____ Postal (zip) Code _____

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Students can meet the requirement by providing the following documentation IN ENGLISH:

- Negative TB skin test with patient's name, reaction size in millimeters, done within a year of starting UM classes OR
- Positive skin test with patient's name, reaction size in millimeters AND negative chest x-ray (report preferred) OR
- Negative QuantiFERON-TB Gold test with patient's name done within a year of starting UM classes OR
- Positive QuantiFERON-TB Gold test with patient's name AND negative chest x-ray (report preferred) OR
- Completed treatment for active or inactive TB.

The following types of documentation are **not** acceptable:

- Tine test
- QuantiFERON test
- Chest x-ray only
- T-SPOT test

For More Information:

Mandatory TB Screening webpage www.uhs.umich.edu/tbscreen
Email tbscreen@umich.edu (response may take more than one day)
Phone: 734-764-8304