Statement of Tuberculosis Clearance- International Students

Texas Woman's University Student Health Services
Voice: 940.898.3825 Fax: 940.898.3849

Name: _____ Date: _____

TWU Student ID# _____

This form must be completed and signed by a Physician or a Health Official in order to be valid.

PPD Skin Test

Date applied: _____ Date read: _____

Check reaction and record measurement: **( ) Negative reaction _____mm, proceed to Diagnosis**
( ) Positive reaction _____mm, proceed to Chest X-Ray

Chest X-RAY FINDINGS **(Chest X-Ray is required if student is PPD positive.)**

Date of chest x-ray:_____ Date is required in order for form to be valid. (Must be current i.e. less than 1 Year old)

Check the one that applies: ( ) No evidence of active disease
( ) X-ray consistent with active tuberculosis
( ) Abnormal X-ray, not due to TB

DIAGONOSIS
( ) No evidence of active tuberculosis at this time
( ) Tuberculosis disease is present but not contagious
( ) Has contagious tuberculosis. May not return to work/school. New clearance will be required.

This form must be completed and signed by a Physician or a Health Official in order to be valid.

Physician/Clinic Name: _____

Address: _____ **Country Code_____ Phone# (____)_____**
_____
_____

_____ _____
Physician/Health Official Signature **Date**

RETURN COMPLETED FORM TO OFFICE OF INTERNATIONAL EDUATION

Tuberculosis Policy

- **All New International Students must complete and submit the Statement of Tuberculosis Clearance Form before the first day of classes.**
- **A PPD skin test must be done unless the student has had a positive PPD test in the past.**
- **Students with new positive PPD or a history of a positive PPD must have a chest X-Ray done. (Chest X-Ray must be current)**
- **A history of receiving BCG DOES NOT eliminate the requirement for a Chest X-Ray if the PPD is positive.**
- **ALL PPD POSITIVE STUDENTS MUST HAVE A CHEST X-RAY DONE.**