



For clinic use only:

Lot number: _____

Expiration Date: _____

Return time: _____

Tuberculosis Test Authorization

- | | | |
|--|-----|----|
| 1. Have you ever had a positive Tuberculosis (TB) test? | Yes | No |
| 2. Have you ever taken TB medication? | Yes | No |
| 3. Have you ever been told you are allergic to the TB test? | Yes | No |
| 4. Have you ever had to have a chest X-ray to see if you have TB? | Yes | No |
| 5. Are you now, or believe you might be, pregnant? | Yes | No |
| 6. Have you ever taken the Bacille Calmette-Guérin (BCG) immunization? | Yes | No |
| 7. Are you allergic to latex, band-aids or their adhesive? | Yes | No |
| 8. Have you received any vaccines within the past 30 days? | Yes | No |
| 9. Are you able to return in two days so that the TB test results can be read? | Yes | No |

Your signature indicates that the above answers are true and that you are consenting to the administration of the tuberculosis test by TAMIU.

Print name: _____ Student ID: _____

Student Signature: _____ Date: _____