UNIVERSITY OF TEXAS AT SAN ANTONIO
STUDENT HEALTH SERVICES

HISTORY TO BE TAKEN PRIOR TO PPD SCREENING

Name: _____ Date: _____

1. Have you ever been exposed to anyone who has active TB disease? _____

   Who? Family? _____
   Friend? _____
   Other? _____

2. Did you ever receive a BCG (Bacille Clamette Guerin) vaccination to prevent you from getting TB? _____

   About what year? _____

3. When was your most recent tuberculin test? _____

   What was the result? POSITIVE_____
   NEGATIVE _____

4. When was your most recent chest x-ray?

   What was the result of the chest x-ray? _____

5. Are you taking any medicine regularly now? _____

   What is it for? _____

   What is the name of the medicine? _____

6. Are you taking any radiation or chemotherapy, or any other cancer treatment? ____

7. Have you received any immunization or vaccination for measles, mumps, rubella, varicella, oral polio, or yellow fever in the past six weeks? _____

8. Are you pregnant? _____

   If so, you must see your private physician before receiving any vaccines.

_____ _____
Signature Date

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.