TB TEST QUESTIONNAIRE

Today’s Date: __________ / __________ / __________

- To your knowledge, are you currently pregnant? □ Yes □ No
- Have you previously tested POSITIVE for TB? □ Yes □ No
- Have you received the BCG Vaccine?  □ Yes □ No

PLEASE NOTE: If you answer Yes to either of these questions, please inform the Public Health Coordinator. They will ensure that you receive an alternate Blood Test.

Full Name (Please Print): __________________________________________

Local Address*: __________________________________________________

*If Unsure: __________________________________________________________

Phone Number: ___________________________  Marital Status: Single / Married

Email Address: _____________________________  Gender: Male / Female

☐ Student Health Plan ID # __________________________

➢ If you are a new student and do not know this number, write “New Student” in the blank.
➢ If you do not have your card, call Deseret Mutual at 1-800-777-3622 and then press “0” to speak with an operator.

☐ Private Insurance (Cost will be billed onto Student Account)

➢ The BYU-Idaho Student Health Center is not contracted to bill private insurance. The charge for a TB skin test is $25. It is the student’s responsibility to pick up a Health Insurance Claim Form and send it to the insurance company in order to receive reimbursement. Forms will be available for pick up in approximately one week.

OFFICE USE ONLY

☐ Hold Removed  ☐ PPD Administered: L / R  ☐ Centricity  ☐ Orchard

Billing Date Entered: ___________  Initials: ________