**University of Illinois at Urbana-Champaign**

**Tuberculosis Screening Declination**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Identification Number (UIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Occupation/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Representative (PI/Unit Head): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee**: Please check the appropriate box:

**🞎 Decline:** I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring tuberculosis infection. I have been given the opportunity to be screened for tuberculosis, at a cost of $5.00. However, **I decline screening at this time:**

🞎 I have received the BCG vaccine within the past three years

* I have a history of a positive reaction to a previous tuberculin skin test, a documented history of infection, or treatment for TB per CDC guidelines.
* I have a history of infection with a positive skin reaction and without treatment.

I understand that by declining this screening, I continue to be at risk of acquiring tuberculosis, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be screened for tuberculosis, I can receive the screening and agree to associated cost of $5.

🞎 I choose to **be screened** at a cost of $5,or having been elsewhere in the last 12 months and will provide appropriate documentation.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information, see the DRS fact sheet entitled*; Frequently Asked Questions about Hepatitis B Vaccination* (http://www.drs.illinois.edu/bss/factsheets/hepb.aspx?tbID=fs).

**PI/Unit Head**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_