

FOR THE INTERNATIONAL STUDENT	Student Last (Family) Name _____	First Name _____	Fresno State Student ID Number _____
	Male ___ Female ___	Date of Birth Month _____ Day _____ Year _____ Age _____	
	<p>Dear Student:</p> <ul style="list-style-type: none"> Students that plan to attend California State University, Fresno are required to have a T-spot or Quantiferon blood test within three (3) months of the first semester start date. You are encouraged to get this test in your home country. If you have your blood test done in your home country, this <i>TB Blood Test Verification Form</i> should be completed by your health care provider and a copy of the blood test result must be included. As part of the Check-in process, you will need to present this form, a copy of your blood test result, and copies of all vaccine records. If you have your blood test done at the Fresno State Student Health & Counseling Center after your arrive in the United States, there will be a \$64.00 (USD) fee. 		

FOR THE HEALTHCARE PROVIDER	THIS SECTION MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER: TB SKIN TESTS/PPD WILL NOT BE ACCEPTED	
	<p>I certify that the above-named patient is free from active tuberculosis as determined by:</p> <p>___ T-SPOT BLOOD TEST OR ___ QUANTIFERON BLOOD TEST</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>Date of Test _____</p> <p>Test Result _____</p> </div>	
	<p>A PRINTED COPY OF THE T-SPOT OR QUANTIFERON LAB RESULT IS REQUIRED. THE LAB RESULTS MUST INCLUDE THE STUDENT'S NAME AND BIRTHDATE IN ENGLISH. Thank you.</p>	
<p>Name of Health Care Provider: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>E-mail address: _____</p>		<div style="border: 1px dashed black; width: 150px; height: 100px; margin: 0 auto;"></div> <p>seal or stamp here</p>
<p>_____ Signature of Health Care Provider</p> <p>_____ Date</p>		

___ Attachment(s): Blood Test Laboratory Report

Surname / Last Name	Given / First Name	Date of Birth (mm/dd/yy)	Fresno State ID Number
		__ __ / __ __ / __ __	__ __ __ __

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

Please answer questions #1 through #5 below. If your answer to **ALL** of the questions is **NO**, return this questionnaire to the ISSP office during the Orientation Check-In process. A final evaluation of your questionnaire will be required by the campus Health Center.

#1	Have you ever had a positive TB test (TB skin test, T-spot blood test, or Quantiferon blood test)?	__ Yes __ No
#2	Have you ever had close contact with anyone who was sick with TB?	__ Yes __ No
#3	Were you born in or have you lived in one of the countries listed below? If YES, please CIRCLE the country.	__ Yes __ No
#4	If you are now in the United States, did you arrive less than five (5) years ago? If YES, CIRCLE the country you came from the list of countries below.	__ Yes __ No
#5	Have you traveled to any of the countries listed below and stayed for more than one (1) month? If YES, please UNDERLINE all countries.	__ Yes __ No

IF YOU ANSWERED YES TO ANY QUESTION, YOU WILL BE REQUIRED TO HAVE A T-SPOT OR QUANTIFERON BLOOD TEST WITHIN THREE (3) MONTHS OF THE SEMESTER START DATE. PLEASE SEE THE REVERSE SIDE.

If you plan to have the T-spot or Quantiferon blood test done in your home country, this *TB Blood Test Verification Form* (reverse side) must be completed by you and your health care provider (**IN ENGLISH**). **You must provide a copy of the blood test result.**

You may have the T-spot blood test done at the Fresno State Student Health & Counseling Center (**\$62.50**). You will receive more information during the check-in process regarding T-spot testing.

Afghanistan	Dominican Republic	Malawi	Serbia
Algeria	Ecuador	Malaysia	Seychelles
Angola	El Salvador	Maldives	Sierra Leone
Argentina	Equatorial Guinea	Mali	Singapore
Armenia	Eritrea	Marshall Islands	Soloman Islands
Azerbaijan	Estonia	Mauritania	Somalia
Bahrain	Ethiopia	Mauritius	South Africa
Bangladesh	French Polynesia	Micronesia (Federated States of)	South Korea (Republic of Korea)
Belarus	Gabon	Moldova (Republic of)	Sri Lanka
Belize	Gambia	Mongolia	Sudan
Benin	Georgia	Montenegro	Suriname
Bhutan	Ghana	Morocco	Swaziland
Bolivia (Plurinational State of)	Guam	Mozambique	Syrian Arab Republic
Bosnia and Herzegovina	Guatemala	Myanmar	Tajikistan
Botswana	Guinea	Namibia	Thailand
Brazil	Guinea-Bissau	Nepal	The former Yugoslav Republic of Macedonia
Brunei Darussalam	Guyana	Nicaragua	Timor-Leste
Bulgaria	Haiti	Niger	Togo
Burkina Faso	Honduras	Nigeria	Tonga
Burundi	India	Pakistan	Trinidad and Tobago
Cambodia	Indonesia	Palau	Tunisia
Cameroon	Iraq	Panama	Turkey
Cape Verde	Japan	Papua New Guinea	Turkmenistan
Central African Republic	Kazakhstan	Paraguay	Tuvalu
Chad	Kenya	Peru	Uganda
China (People's Republic of)	Kiribati	Philippines	Ukraine
Colombia	Kuwait	Poland	Tanzania (United Republic of)
Comoros	Kyrgyzstan	Portugal	Uruguay
Congo	Lao People's Democratic Republic	Qatar	Uzbekistan
Cook Islands	Latvia	Romania	Vanuatu
Cote d'Ivoire	Lesotho	Russian Federation	Venezuela
Croatia	Liberia	Rwanda	Vietnam
Democratic People's Republic of Korea	Libyan Arab Jamahiriya	Saint Vincent and the Grenadines	Yemen
Democratic Republic of the Congo	Lithuania	Sao Tome and Principe	Zambia
Djibouti	Madagascar	Senegal	Zimbabwe