

TUBERCULOSIS (TB) BLOOD TEST VERIFICATION FORM

	Student Last (Family) Name	First Name	Fresno State Student ID Number		
STUDENT					
	Male Female	Date of Birth Month Day Year	Age		
NAL	Dear Student:				
FOR THE INTERNATIONAL	 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. 				
INTER	 If you have your blood test done in your home country, this <u>TB Blood Test Verification Form</u> should be completed by your health care provider. 				
R THE	 As part of the Check In process, you will need to present this form, including any attachment(s) from your health care provider to the campus Health Center. 				
FO	o If you have your blood test done at the Fresno State Health Center after your arrival in the United States, there will be a \$57.00 (USD) fee.				

I cortify that the a	certify that the above-named patient is free from active tuberculosis as determined by				
recruity that the al	tertify that the above-named patient is free from active tuberculosis as determined by				
T-SPOT BLOC	D TEST		-		
OR	-	Date of Blood Test Date	te of Lab Re	port Results	
QUANTIFERO	ON BLOOD TEST				
		Test Result	5		
	<u> </u>				
A printed cor	y of the T-spot or Qua	ntiferon lab results is r	equired	. The lab results	
				Thank you.	
		d birthdate in English.		Thank you.	
				Thank you.	
must include	the student's name ar	id birthdate in English.		Thank you.	
must include		id birthdate in English.		Thank you.	
must include Name of Health Care	the student's name ar	id birthdate in English.		Thank you.	
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Must include Name of Health Care Address:	the student's name ar	id birthdate in English.			
must include Name of Health Care	the student's name ar	id birthdate in English.			
Must include Name of Health Care Address:	the student's name ar	id birthdate in English.			

___Attachment(s): Blood Test Laboratory Report

Surname / Last Name	Given / First Name	Date of Birth (mm/dd/yy)	Fresno State ID Number
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TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

Plea durir	ase answer questions #1 through #5 below. If your answer to ALL of the questions is NO, return this questionna The graph of the Orientation Check-In process. A further evaluation of your completed questionnaire may be required at the camp	ire to the ISSP office us 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?	YesNo
#3	Were you born in or have you lived in one of the countries listed below? If YES, please CIRCLE the country.	YesNo
#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*.

- o If you plan to have the T-spot or Quantiferon blood test done in your home country, the Blood Test Verification Form (reverse side) must be completed by you and your health care provider (IN ENGLISH). Your Verification Form will then be reviewed at the campus Health Center as part of the registration process.
- o If you wish to have the T-spot blood test done at the campus Health Center (\$57.00), you may go to the Health Center as part of your registration process. You may also call 559.278.2734 to schedule an appointment.

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
Boliva (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
Capè 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	Uruquay
Congo	Lao People's Democratic Republic	Qatar	Uzbekistan
Cook Islands	Latvia	Romania	Vanuatu
Cote d'Ivoire	Lesotho	Russian Federation	Venezuela
Croatia	Liberia	Rwanda	
Democratic People's Republic of Korea	Libyan Arab Jamahiriya	Saint Vincent and the Grenadines	Vietnam Yemen
Democratic Republic of the Congo	Lithuania	Sao Tome and Principe	Yemen Zambia
Djibouti	Madagascar	•	
•	mauagastar	Senegal	Zimbabwe