

**TUBERCULOSIS (TB)
BLOOD TEST VERIFICATION FORM**

FOR THE INTERNATIONAL STUDENT	Student Last Name	First Name	Fresno State ID Number ____ _
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YY) __ / __ / __	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 thirty (30) days of the first semester start date. You are strongly encouraged to get this test in your home country within thirty (30) days of your departure date. If not completed by the deadline, a hold will be placed on your registration. This <i>TB Blood Test Verification Form</i> must 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. All documents must be in English. If you have your blood test done at the Fresno State Student Health and Counseling Center after you arrive in the United States, there will be a \$50 (USD) fee. 		

FOR THE HEALTHCARE PROVIDER	THIS SECTION MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER: TB SKIN TESTS/PPD and AFB Tests WILL NOT BE ACCEPTED	
	I certify that the above-named patient is free from active tuberculosis as determined by:	
	<input type="checkbox"/> T-Spot Blood Test, or	Date of Test: _____
	<input type="checkbox"/> Quantiferon Blood Test	Test Result: _____
	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.	
Name of Health Care Provider: _____	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div> <p>Seal or Stamp Here</p>	
Address: _____		

E-mail Address: _____		
_____	_____	
Signature of Health Care Provider		Date

_____ 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

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 Student Health and Counseling Center.

#1	Have you ever had a positive TB test (TB skin test, T-spot blood test, or Quantiferon blood test) or treated for TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
#2	Have you ever been vaccinated with BCG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
#3	Have you ever had close contact with someone known or suspected to have TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
#4	Were you born in or have you lived in one of the countries listed below? If YES, please CIRCLE the country.	<input type="checkbox"/> Yes <input type="checkbox"/> No
#5	Have you frequently traveled to any of the countries listed below and/or stayed for more than one (1) month? If YES, please UNDERLINE all countries.	<input type="checkbox"/> Yes <input type="checkbox"/> No

All immunization requirements and blood tests will be reviewed and can take up to 10 days for processing, some results may require additional vaccines at a cost. It is important to submit all documents as soon as possible to avoid a registration hold. Fresno State Student Health Center has an obligation to report all community health risks and exposures to the local health department.

It is recommended to have the T-spot or Quantiferon blood test done in your home country within 30 days of departure, 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 for clearance.**

If you are unable to complete the blood test as recommended, you will need to complete one withing 30 days of arrival at the Student Health and Counseling Center for a \$50 fee.

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