

TUBERCULOSIS (TB) BLOOD TEST VERIFICATION FORM

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FOR THE INTERNATIONAL STUDENT	Student Last Name	First Name	Fresno State ID Number		
	☐ Male ☐ Female	Date of Birth (MM/DD/YY)	Age		
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	Dear Student:				
	 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 TB Blood Test Verification Form 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. 				
Ĕ	 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 \$64 (USD) fee. 				
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	THIS SECTION MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER: TB SKIN TESTS/PPD WILL NOT BE ACCEPTED				
æ	I certify that the above-named patient is free from active tuberculosis as determined by:				
VIDE	☐ T-Spot Blood Test, or	Date of Test:			
PROVIDER	☐ Quantiferon Blood Test	Test Result:			
HEALTHCARE	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.				
\LTH	Name of Health Care Provider:		-		
HEA	Address:				
THE			-		
FOR	E-mail Address:		_		
	Signature of Health Care Provider	Date	_ Seal or Stamp Here		
	Attachment(s): Blood Test Laboratory Rep	port			

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 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)?	☐ 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, please 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 QUESTIONS, YOU WILL BE REQUIRED TO HAVE A T-SPOT OR QUANTIFERON BLOOD TEST WITHIN THREE (3) MONTHS OF THE SEMESTER START DATE.				
	PLEASE SEE REVERSE SIDE.			
If you plan to have the T-spot or Quantiferon blood test done in your home country, this <i>TB Blood Test Verification Form</i> (reverse side) must be completed by you and your health care provider (IN ENGLISH).				

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 and Counseling Center (\$64). You will receive more information during the check-in process regarding T-spot testing.

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	Kyrgzstan	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	Papua New Guinea	Taiwan
Bhutan	Eritrea	Madagascar	Paraguay	Timor-Leste
Bolivia (Plurinational State of)	Estonia	Malawi	Peru	Togo
Bosnia and Herzegovina	Ethiopia	Malaysia	Philippines	Tonga
Botswana	French Polynesia	Maldives	Poland	Trinidad and Tobago
Brazil	Gabon	Mali	Portugal	Tunisia
Brunei Darussalam	Gambia	Marshall Islands	Qatar	Turkey
Bulgaria	Georgia	Mauritania	Republic of Korea	Turkmenistan
Burkina Faso	Ghana	Mauritius	Romania	Tuvalu
Burundi	Guam	Mexico	Russian Federation	Uganda
Cambodia	Guatemala	Micronesia (Federal	Rwanda	Ukraine
Cameroon	Guinea	States of)	Saint Vincent and the	Tanzania (United
Cape Verde	Guinea-Bissau	Moldova (Republic of)	Grenadines	Republic of)
Central African Republic	Guyana	Mongolia	Sao Tome and Principe	Uruguay
Chad	Haiti	Montenegro	Senegal	Uzbekistan
China, Hong Kong Special	Honduras	Morocco	Serbia	Vanuatu
Administrative Region	India	Mozambique	Seychelles	Venezuela
China, Macao Special	Indonesia	Myanmar	Sierra Leone	Vietnam
Administrative Region	Iran	Namibia	Singapore	Yemen
China (Peoples Republic of)	Iraq	Nauru	Soloman Islands	Zambia
Colombia	Japan	Nepal	Somalia	Zimbabwe