

**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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