



Student Health Services

250 Bellflower Blvd, Long Beach, CA, 90840
Phone: 562-985-4771 Fax: 562-985-1644

Tuberculosis (TB) Assessment Form (Required for International Students)

Name: Student ID:

Country of Origin: DOB:

MM/DD/YY

List of High Incidence Tuberculosis Countries

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

TUBERCULIN SKIN TEST

Date Placed: L / R Date Read: (must be within 48-72 hours)
Placed By: Read By:
Lot #: Exp. Date: Result: mm (record actual mm of induration, transverse diameter. If no induration, record as "0 mm.")

*All ALI are required to receive QuantiFERON blood test results: Date: MM/DD/YY

Physician's Signature:

Chest X-Ray or QuantiFERON Test (Required if history of positive skin test; chest x-ray must be performed after the date of the positive skin testing.)

X-RAYS MUST BE COMPLETED WITHIN 1 YEAR OF THE FIRST DAY OF CLASS.

Date of Chest X-ray: Date of Positive PPD: Result: NORMAL ABNORMAL
MM/DD/YY MM/DD/YY

SIGNATURE OF HEALTHCARE PROVIDER AND DATE REQUIRED

Provider Name: Sign:
(Print) (Signature)

Physician Stamp

Phone: Date:

Email completed document to: shs-vaccine@csulb.edu