

UNIVERSITY HEALTH SERVICES
TUBERCULOSIS (TB) SCREENING AND CLEARANCE PROVIDER FORM
INTERNATIONAL STUDENTS - OHIO COMPLIANCE

THIS FORM MUST BE COMPLETED AND SIGNED BY A LICENSED MEDICAL PROVIDER.

STUDENT INFORMATION

First Name: _____ Last/Family Name: _____
 Date of Birth: ____ / ____ / ____ Country of Birth: _____
 (MM/DD/YYYY)
 Countries Lived In: _____
 (Past 5 years)
 Date of Arrival to US: _____ US Phone #: _____
 Semester/Year: _____ Email: _____
 Student ID: M _____ UC Email: _____

TB RISK ASSESSMENT - RISK FACTORS (YES OR NO)

Previous Positive TB Test: Yes No Close Contact with active TB case: Yes No
 Immunocompromised: Yes No Have you received BCG vaccine: Yes No
 Born in or lived (>1 month) in high-risk TB country (circle countries on page 3): Yes No

HISTORY OF TB

Prior TB Disease: Yes No Latent TB Infection: Yes No
 Treatment Completed: Yes No Details: _____

TB SYMPTOM SCREENING - SYMPTOM (YES OR NO)

Persistent cough >3 weeks: Yes No Coughing blood: Yes No
 Fever: Yes No Night sweats: Yes No
 Unexplained weight loss: Yes No Fatigue: Yes No

TB BLOOD TESTING (MUST BE WITHIN 3 MONTHS PRIOR TO START OF CLASS)

Test Type: IGRA/QFT IGRA/T-Spot
 Result: Negative Positive Indeterminate Date: _____

*****Official Lab Result Document Required for All Students*****

CHEST X-RAY (IF ANY PRIOR TB SCREENING WAS POSITIVE)

Result: Normal Abnormal Date: _____
 Summary: _____

*****Official X-Ray Result Document Required*****

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First Name: _____ Last/Family Name: _____
 Date of Birth: _____ Semester/Year: _____
 Student ID: M _____ UC Email: _____

CLINICAL ASSESSMENT AND CLEARANCE

- No TB Infection - Cleared
- Latent TB Infection (LTBI) - Cleared with treatment recommended
- Suspected or Active TB Disease (DO NOT CLEAR)

Recommendations: _____

STUDENT ATTESTATION: OHIO PUBLIC HEALTH REPORTING

Tuberculosis is a reportable disease in Ohio. Suspected or confirmed cases must be reported to the local health department.

- I understand my information may be shared as required by law.
- I certify the information is accurate and consent to evaluation.

Date: _____

Student Signature: _____

PROVIDER CERTIFICATION

Provider Signature: _____ Date: _____

Printed Name: _____

Office Stamp:

Professional License #: _____

Title: _____

Address: _____

UNIVERSITY USE ONLY

Date Received: _____ Reviewed By: _____

Status: Complete Incomplete

Follow-up Required: Yes No

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HIGH-INCIDENCE COUNTRY LIST
CIRCLE ANY COUNTRIES WHERE STUDENT HAS LIVED OR STAYED IN FOR > 1 MONTH

- | | | |
|----------------------------------|---|------------------------------------|
| Afghanistan | Guyana | Romania |
| Algeria | Haiti | Russian Federation |
| Angola | Honduras | Rwanda |
| Argentina | India | Sao Tome and Principe |
| Armenia | Indonesia | Senegal |
| Azerbaijan | Iraq | Sierra Leone |
| Bangladesh | Kazakhstan | Singapore |
| Belize | Kenya | Solomon Islands |
| Benin | Kiribati | Somalia |
| Bhutan | Korea (Democratic People's Republic of) | South Africa |
| Bolivia (Plurinational State of) | Korea (Republic of) | South Sudan |
| Bosnia and Herzegovina | Kyrgyzstan | Sri Lanka |
| Botswana | Lao People's Democratic Republic | Sudan |
| Brazil | Latvia | Suriname |
| Brunei Darussalam | Lesotho | Syrian Arab Republic |
| Burkina Faso | Liberia | Tajikistan |
| Burundi | Libya | Tanzania (United Republic of) |
| Cabo Verde | Lithuania | Thailand |
| Cambodia | Madagascar | Timor-Leste |
| Cameroon | Malawi | Togo |
| Central African Republic | Malaysia | Trinidad and Tobago |
| Chad | Maldives | Tunisia |
| China | Mali | Turkmenistan |
| China, Hong Kong SAR | Marshall Islands | Tuvalu |
| China, Macao SAR | Mauritania | Uganda |
| Colombia | Mexico | Ukraine |
| Comoros | Micronesia (Federated States of) | Uruguay |
| Congo | Moldova (Republic of) | Uzbekistan |
| Congo (Democratic Republic of) | Mongolia | Vanuatu |
| Cote d'Ivoire | Morocco | Venezuela (Bolivarian Republic of) |
| Djibouti | Mozambique | Viet Nam |
| Dominican Republic | Myanmar | Yemen |
| Ecuador | Namibia | Zambia |
| El Salvador | Nauru | Zimbabwe |
| Equatorial Guinea | Nepal | |
| Eritrea | Nicaragua | |
| Eswatini | Niger | |
| Ethiopia | Nigeria | |
| Fiji | Niue | |
| French Polynesia | Northern Mariana Islands | |
| Gabon | Pakistan | |
| Gambia | Palau | |
| Georgia | Panama | |
| Ghana | Papua New Guinea | |
| Greenland | Paraguay | |
| Guam | Peru | |
| Guatemala | Philippines | |
| Guinea | Qatar | |
| Guinea-Bissau | | |