

Incoming Student Health Form

Student Health Services
900 University Avenue
Riverside, CA 92521
studenthealth.ucr.edu

Student Information - Enter the information in this section before printing this form.....

Personal Information Student ID #: _____

Last Name _____ First Name _____ Initial _____ Date of Birth _____

Address _____ Age at Enrollment _____

City _____ State _____ Zip Code _____ Country _____

Student Status _____ Telephone _____ Emergency Telephone _____

International Student Qtr/Yr Entering _____ Gender _____

Undergraduate Graduate Professional

Tuberculosis Screening Questionnaire (to be completed by the student)

- Have you ever had a positive TB skin test? Yes No
- Have you ever had close contact with anyone who was sick with TB? Yes No
- Have you ever been vaccinated with BCG (tuberculosis vaccine)? Yes No
- Were you born in any of the countries listed below and arrived in the U.S. within the last 5 years? Yes No
If yes, please CIRCLE the country below.
- Have you traveled to/in any of the countries listed below? If yes, please CHECK the country or countries below. Yes No

Afghanistan	Cook Islands	Japan	Nicaragua	Sri Lanka
Algeria	Cote d'Ivoire	Kazakhstan	Niger	Sudan
Angola	Croatia	Kenya	Nigeria	Suriname
Argentina	Democratic People's Republic of Korea	Kiribati	Pakistan	Swaziland
Armenia	Democratic Republic of Congo	Kuwait	Palau	Syrian Arab Republic
Azerbaijan	Djibouti	Kyrgyzstan	Panama	Tajikistan
Bahrain	Dominican Republic	Lao People's Democratic Republic	Papua New Guinea	Thailand
Bangladesh	Ecuador	Latvia	Paraguay	Former Yugoslav Republic of Macedonia
Belarus	El Salvador	Lesotho	Peru	Timor-Leste
Belize	Equatorial Guinea	Liberia	Philippines	Togo
Benin	Eritrea	Libyan Arab Jamahiriya	Poland	Tonga
Bhutan	Estonia	Lithuania	Portugal	Trinidad and Tobago
Bolivia	Ethiopia	Madagascar	Qatar	Tunisia
Bosnia-Herzegovina	French Polynesia	Malawi	Republic of Korea	Turkey
Botswana	Gabon	Malaysia	Republic of Moldova	Romania
Brazil	Gambia	Maldives	Romania	Turkmenistan
Brunei Darussalam	Georgia	Mali	Russian Federation	Tuvalu
Bulgaria	Ghana	Marshall Islands	Rwanda	Tuvalu
Burkina Faso	Guam	Mauritania	Saint Vincent and the Grenadines	Ukraine
Burundi	Guatemala	Mauritius	Sao Tome and Principe	United Republic of Tanzania
Cambodia	Guinea	Micronesia (Federated States)	Senegal	Uruguay
Cameroon	Guinea-Bissau	Mongolia	Serbia	Uzbekistan
Cape Verde	Guyana	Montenegro	Seychelles	Vanuatu
Central African Republic	Haiti	Morocco	Sierra Leone	Venezuela
Chad	Honduras	Mozambique	Singapore	Vietnam
China	India	Myanmar	Singapore	Yemen
Columbia	Indonesia	Namibia	Solomon Islands	Zambia
Comoros	Iraq	Nepal	Somalia	Zimbabwe
Congo			South Africa	

IF THE ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS, UC RIVERSIDE REQUIRES THAT A LICENSED HEALTHCARE PROVIDER COMPLETE THE TUBERCULOSIS RISK ASSESSMENT ON THE FOLLOWING PAGE. THE TUBERCULOSIS RISK ASSESSMENT MAY BE MAILED ALONG WITH IMMUNIZATIONS & PROOF OF IMMUNITY FORM.

IF YOU ANSWER NO TO ALL OF THE ABOVE QUESTIONS, PLEASE DISREGARD THE TUBERCULOSIS RISK ASSESSMENT AT THE BOTTOM OF THE FOLLOWING PAGE.

