

Incoming Student Health Form 2015-2016 Academic Year

Student Health Services
900 University Avenue
Riverside, CA 92507
Campushealth.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	Tongo
Bhutan	Estonia	Lithuania	Portugal	Tongu
Bolivia	Ethiopia	Madagascar	Qatar	Trinidad and Tobago
Bosnia-Herzegovina	French Polynesia	Malawi	Republic of Korea	Tunisia
Botswana	Gabon	Malaysia	Republic of Moldova	Turkey
Brazil	Gambia	Maldives	Romania	Turkmenistan
Brunei Darussalam	Georgia	Mali	Russian Federation	Tuvalu
Bulgaria	Ghana	Marshall Islands	Rwanda	Uganda
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	Solomon Islands	Yemen
Columbia	Indonesia	Namibia	Somalia	Zambia
Comoros	Iraq	Nepal	South Africa	Zimbabwe

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 PROOF OF IMMUNIZATIONS (THE SUPPLIED FORM OR A COPY OF YOUR OFFICIAL IMMUNIZATION RECORD).

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