

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

Student Name: _____ ID #: _____

Please answer the following questions:

1. Have you ever had a positive TB skin test? Yes No
2. Have you ever had close contact with anyone who was sick with TB? Yes No
3. Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? Yes No
(If yes, please CIRCLE the country)
4. Have you ever traveled* to/in one or more of the countries listed below within the past 5 years? Yes No
(If yes, please CIRCLE the country)
5. Have you ever been vaccinated with BCG? Yes No

**The significance of the travel exposure should be discussed with a health care provider and evaluated.*

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

If the answer to all of the above questions is NO, no further testing or further action is required.

If the answer is YES to any of the above questions, Fresno Pacific University requires either a negative PPD skin test within the last calendar year or a doctor's clearance prior to starting classes.

PPD skin test results should be submitted to the Undergraduate Admissions Office prior to the start of classes. Failure to do so may result in Fresno Pacific University administratively dropping your courses.

STUDENT INFORMATION



HEALTH SERVICES OFFICE
1717 S. Chestnut Ave.
Fresno, CA 93702-4709
559-453-2097
FAX 559 453-7147
www.fresno.edu

(Please print)

(Official use only) ID # _____

Name _____ Female Male College Class: FR SO JR SR

Home Phone # _____ Cell # _____ Date of Birth _____

Home Address: _____
Street City State/Country Zip

Emergency Contact 1

Name _____ Relationship _____

Phone # _____ Alt Phone # _____

Emergency Contact 2

Name _____ Relationship _____

Phone # _____ Alt Phone # _____

MEDICAL QUESTIONNAIRE

Physician: _____ Address: _____

Known Allergies: (Please specify)

- Medications: _____ Foods: _____
- Other: _____

Current/On-Going Medical Problems: _____

Current/On-Going Medication(s): _____

Previous Hospitalization/Surgery: (Specify and date) _____

HAVE YOU EVER BEEN DIAGNOSED WITH OR HAD PROBLEMS WITH THE FOLLOWING:

YES	NO		YES	NO		YES	NO	
___	___	Abuse Effects	___	___	Heart Disease	___	___	Relationship Difficulties
___	___	Adjustment Issues	___	___	High Blood Pressure	___	___	Skin or Acne Problems
___	___	Allergies	___	___	Kidney Disease	___	___	Smoke Tobacco
___	___	Asthma	___	___	Learning Disability	___	___	Stomach Problems
___	___	Cancer	___	___	Liver Disease	___	___	Stress/Anxiety
___	___	Depression	___	___	Lung Disease	___	___	Substance Use/Abuse
___	___	Diabetes	___	___	Menstrual Disorders	___	___	Thyroid Problems
___	___	Ears/Nose/Throat Disorder	___	___	Mental Health Impatient	___	___	Trauma Effects
___	___	Eating Disorder	___	___	Neurology Problems	___	___	Urinary Tract Infections
___	___	Epilepsy/Seizures	___	___	Orthopedic/Physical Disability			
___	___	Eye/Vision Difficulties	___	___	Psychotherapy			

Please explain any "yes" answers: _____

Has anyone in your family been diagnosed with any of the above? YES NO

Please explain: _____

MANDATORY IMMUNIZATIONS

Vacunas Obligatorias

REQUIRED FOR INTERNATIONAL STUDENT ENROLLMENT AT FPU

Requeridas para la matriculación de estudiantes internacionales en FPU

REQUIRED Obligatorias	STRONGLY RECOMMENDED Fuertemente Recomendadas
Measles/Mumps/Rubella (2 doses – the last dose must have been given on or after the fourth birthday). Sarampión, paperas y rubéola (2 dosis- la última dosis tuvo que ser dada el día del cuarto cumpleaños o después)	Varicella (chicken pox) Varicela
Meningococcal Vaccine or Signed Statement of Decline. Vacuna meningocócica o la Declaración de Declinación firmada	Tetanus/Diphtheria/Pertussis (Tdap) Tétanos, Difteria, Tos Ferina
Polio Series (3doses of OPV or 4 doses of IPV, or any combination of the two, the last dose must have been after 12 months of age). Série de Polio (3 dosis de OPV o 4 dosis de IPV, o una combinación de las dos. La última dosis tuvo que ser dada después de los 12 meses de edad).	
Negative Tuberculin Skin Test (PPD – Mantoux) in the past 12 months. Prueba Negativa de piel de tuberculosis (tuberculina Mantoux) en los últimos 12 meses.	

Important: For a **POSITIVE** Tuberculin Skin Test, a chest x-ray is **REQUIRED**. Please attach a copy of your skin test/x-ray results with your immunization records.

Importante: Si obtiene un resultado **POSITIVO** a la prueba de piel de tuberculosis, una radiografía de tórax es **REQUERIDA**. Por favor incluya una copia de los resultados de la prueba de piel y los resultados de la radiografía en su record de vacunas.

MENINGITIS INFORMATION/STATEMENT OF ACKNOWLEDGMENT

Meningococcal meningitis is a bacterial infection that can cause severe swelling of the brain and spinal cord. It is relatively rare and is often mistaken for a cold or the flu and ignored. It progresses quickly to a devastating disease with high risk for amputations, brain damage, or even death. College students living on campus have a higher risk of contracting meningococcal meningitis. Guidelines from the American College Health Association encourage awareness and vaccination availability to students who want to reduce the risk of meningococcal meningitis.

Información / Declaración de Conocimiento e Entendimiento de Meningitis

La meningitis meningocócica es una infección bacteriana que causa inflamación severa del cerebro y la médula espinal. Es relativamente rara y muchas veces es confundida con un resfriado o la gripe y es ignorada. La meningitis avanza rápidamente y es devastadora, con alto riesgo de amputaciones, daño cerebral, e incluso la muerte. Los estudiantes universitarios que viven en los dormitorios de las universidades tienen un mayor riesgo de contraer meningitis meningocócica. La Asociación Americana de Salud de Colegios anima la prevención y la disponibilidad de la vacunación para aquellos estudiantes que desean reducir su riesgo de contraer la meningitis.

Print Name/ **Imprimir Nombre**

Student Signature/ **Firma de Estudiante**

Date/ **Fecha**

Name of Guardian/ **Nombre de Guardián Guardian Signature/ **Firma de Guardián**

Date/ **Fecha**

****Required if Student is less than 18 years of age**

Requerida si estudiante es menor de 18 años de edad