

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	
_____	_____	Abuse Effects	_____	_____	Heart Disease
_____	_____	Adjustment Issues	_____	_____	High Blood Pressure
_____	_____	Allergies	_____	_____	Kidney Disease
_____	_____	Asthma	_____	_____	Learning Disability
_____	_____	Cancer	_____	_____	Liver Disease
_____	_____	Depression	_____	_____	Lung Disease
_____	_____	Diabetes	_____	_____	Menstrual Disorders
_____	_____	Ears/Nose/Throat Disorder	_____	_____	Mental Health Impatient
_____	_____	Eating Disorder	_____	_____	Neurology Problems
_____	_____	Epilepsy/Seizures	_____	_____	Orthopedic/Physical Disability
_____	_____	Eye/Vision Difficulties	_____	_____	Psychotherapy
_____	_____		_____	_____	Relationship Difficulties
_____	_____		_____	_____	Skin or Acne Problems
_____	_____		_____	_____	Smoke Tobacco
_____	_____		_____	_____	Stomach Problems
_____	_____		_____	_____	Stress/Anxiety
_____	_____		_____	_____	Substance Use/Abuse
_____	_____		_____	_____	Thyroid Problems
_____	_____		_____	_____	Trauma Effects
_____	_____		_____	_____	Urinary Tract Infections

Please explain any "yes" answers: _____

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

Please explain: _____

MANDATORY IMMUNIZATIONS

التطعيمات الإلزامية

REQUIRED FOR INTERNATIONAL STUDENT ENROLLMENT AT FPU

مطلوب من الطلاب الدوليين لمباشرة الدراسة في الجامعة

المطلوب REQUIRED	المطلوب المهم STRONGLY RECOMMENDED
Measles/Mumps/Rubella (2 doses – the last dose must have been given on or after the fourth birthday). الحصبة/النكاف /الحصبة الألمانية , الفيروسي الثلاثي (جرعتان) الجرعة الاخيرة يجب اخذها اثناء او بعد 4 سنين من عمر الشخص	Varicella (chicken pox) الجدري المائي (الغفز)
Meningococcal Vaccine or Signed Statement of Decline. الحمة الشوكية او ورقة التوقيع بالرفض	Tetanus/Diphtheria/Pertussis (Tdap) لقاح التيتانوس والدفتريريا , الدفتيريا و السعال الديكي
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). الشلل 3 جرعات من اللقاح الفموي او 4 جرعات من اللقاح المقتول, او اي خليط من الاثنان معا, الجرعة الاخيرة يجب اخذها بعد عمر 12 شهر (سنه)	
Negative Tuberculin Skin Test (PPD – Mantoux) in the past 12 months. اختبار الدرن السلبي في الاشهر ال 12 الماضية	

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.

هام: : اذا كان اختبار الجلد السلين "إيجابيا، يجب عمل الأشعة السينية للصدر، يرجى ارفاق نسخة من نتائج اختبار الجلد/ الأشعة السينية للصدر باستخدام سجلات التحصين الخاص بك.

MENINGITIS INFORMATION / STATEMENT OF ACKNOWLEDGMENT

معلومات عن التهاب السحايا / بيان الاقرار

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.

السحايا هو عدوى بكتيرية يمكن أن تسبب تورم شديد في المخ والحبل الشوكي ومن النادر نسبيا وغالبا ما يخطئ البعض بحسبون انها برد أو الإنفلونزا ويتجاهلوها. فإنه يتقدم بسرعة إلى مرض مدمر مع مخاطر عالية لبتتر الأطراف، وتلف في الدماغ، أو حتى الموت. الطلاب الذين يعيشون في الحرم الجامعي لديهم خطر أعلى للإصابة بالمكورات السحائية (التهاب السحايا). المبادئ التوجيهية من " الرابطة الأمريكية للصحة الكلية "تشجيع لتوفير الوعي والتطعيم للطلاب الذين يرغبون في الحد من مخاطر المكورات السحائية التهاب السحايا.

Print Name الاسم

Student Signature توقيع الطالب

Date تاريخ

***Name of Guardian اسم ولي الامر

Guardian Signature توقيع الوالي

Date تاريخ

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

المطلوب اعلاه اذا كان الطالب اقل من عمر 18 سنه