

Name (please print): \_\_\_\_\_ UB Person #: \_\_\_\_\_  
Last First MI

Country of Birth: \_\_\_\_\_ Year arrived in US: \_\_\_\_\_

**Part 4 Tuberculosis Screening Sections A & B Required for ALL STUDENTS; Section C is Required as Directed in Sections A & B**

**SECTION A: (circle Yes or No)**

1. Have you ever had a positive PPD, TB Quantiferon test, or T-SPOT? YES NO

If yes, please provide details in Section C below.

**SECTION B: (circle Yes or No)**

1. Are you currently enrolled (not intended) in a health-related program (Athletic Training, Dental, Dietetic Intern, Exercise Science, Medicine, Med Tech/Bio Tech, Nuclear Med, Nursing, OT, Pharmacy, PT)? YES NO

2. Were you born in, or have you lived, worked or visited for more than one month in any of the following: Asia, Africa, South America, Central America or Eastern Europe? YES NO

If yes, what country? \_\_\_\_\_ How long? \_\_\_\_\_

3. Do any of the following conditions or situations apply to you?  
a) Do you have a persistent cough? (3 weeks or more), fever, night sweats, fatigue, loss of appetite, or weight loss? YES NO

b) Have you ever lived with or been in close contact to a person known or suspected of being sick with TB? YES NO

c) Have you ever lived, worked, or volunteered in any homeless shelter, prison/jail, hospital or drug rehabilitation unit, nursing home or residential healthcare facility? YES NO

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If you answered no to all of the above questions, skip Section C.

If you answered yes to any of the above questions, your medical provider must complete Section C below.

**SECTION C: ATTENTION MEDICAL PROVIDER:** If patient answered YES to any of the above questions, a TB test (PPD, T-Spot, or TB QuantiFERON) is REQUIRED. History of BCG vaccination does not exclude patient from this requirement. Test must be done within one calendar year (unless history of positive TB test). If PPD results are 10mm or more, or T-Spot or TB QuantiFERON are positive, a chest x-ray is REQUIRED. For students with history of positive TB test, documentation of dates & results of testing and chest x-ray, as well as treatment information, must be documented below. It is not necessary for these students to repeat TB testing or CXR.

PPD Date Placed:	PPD Date Read:	Measurement in mm induration:
OR		
QuantiFERON-TB Gold or T-Spot Result Date: 4/1/2021	QFT-G or T-Spot Result: Positive Negative Equivocal	Circle and attach lab report

If PPD results are 10mm or more, or QuantiFERON-TB Gold or T-SPOT results are positive, a chest x-ray is REQUIRED.

Chest X-Ray Date:	Chest X-Ray Result:
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If negative CXR and positive PPD/Lab Result, did the patient complete a course of INH or other TB Treatment? YES NO

If yes, name & dose of medication: \_\_\_\_\_

Date Range of Treatment: \_\_\_\_\_ How many months did student take medication? \_\_\_\_ (# of months)

**PROVIDER INFORMATION REQUIRED**

Signature/Stamp of medical provider: Bae Hyun Mi, M.D. Phone number of practice: 82-2524 3002 Date: 4/14/2021

**Part 5 Physical Exam within past year is REQUIRED for 1<sup>st</sup> Year Dental & 3<sup>rd</sup> Year Nursing students. Optional for all others.**

Height: 172.4cm Weight: 64kg Blood Pressure: 110/60 Exam Findings: 4/14/2021

To the best of my knowledge, this patient is free of any physical or mental impairment which is of potential risk to patients/personnel or which might interfere with the performance of their duties including the habituation or addiction to depressants, stimulants, narcotics, alcohol and other drugs. If provider cannot certify, an explanation letter with medical provider signature must accompany this form.

Signature/Stamp of medical provider: Bae Hyun Mi, M.D. Phone number of practice: 82-2524 3002 Date: 4/14/2021

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