



Student Health Center

5151 State University Drive, Los Angeles, CA 90032-8411

Information: (323) 343-3300

Appointments: (323) 343-3302

FAX: (323) 343-6557

**Housing and Residence Life
TUBERCULOSIS VERIFICATION**

All residents must do one of the following annually prior to the move in date:

- Complete the Tuberculosis (TB) Screening Questionnaire available on the Housing website or Housing office. Please follow the instructions on the questionnaire. **OR**
- Complete this form **and** provide proof of a negative TB skin test, negative chest x-ray, or negative QuantiFERON done within the past year. Please see back page on how to send this form to the Student Health Center (SHC).

Student's Name: _____ Gender: Male Female
Last Name First Name Middle Name

CIN: _____ - _____ - _____ Date of Birth: _____ Age: _____ Telephone # (____) _____
Month Day Year

Check One:

- I am **attaching valid proof of a negative TB test, chest x-ray, or QuantiFERON taken within the past year**. *Acceptable proof is a written document signed and dated by a licensed health care provider.*
- My health care provider has documented **below proof of a negative TB test, chest x-ray, or QuantiFERON taken within the past year**.

To be completed by health care provider:

I certify that the above-named patient is free from active tuberculosis as determined by:

Check One:

- Negative tuberculosis skin test given within the past year.
Date given _____ Date read _____ Induration _____ mm
- Negative chest x-ray taken within the past year. Date taken: _____
- Negative QuantiFERON taken within the past year. Date taken: _____

Signature of Medical Provider: _____

Print Name _____ Title _____ Date _____

Address _____

Official Stamp or Seal
REQUIRED

To be completed by Cal State LA Student Health Center

- Verification approved
 - Verification not approved
- Date of verified TB clearance: _____ Reason: _____

Signature _____ Date _____

Forms/Registration/TB-Housing/061919
TuberForm



Accredited by Accreditation Association
for Ambulatory Health Care, Inc.

STUDENT HEALTH CENTER SERVICES

For students who have completed front page:

- Please mail, FAX, or hand carry front page of this form AND proof of immunization or immunity to the SHC. This form and any health records you submit must be signed and dated by a licensed health care provider with the official seal or stamp of the health care provider's clinic. **Please write your name, CIN, and date of birth in all attachments.**

Mailing address:

Student Health Center ATTENTION: MEDICAL RECORDS
California State University Los Angeles
Los Angeles, CA 90032-8411
USA

FAX number: (323) 343-6557 **Please write your name, CIN, and date of birth in all attachments.**

If you wish to submit this form and health records on campus, the SHC is located on the main walkway between the Career Development Center and the Annenberg Science Complex.

A SHC nurse will verify your records. If your records are insufficient, the SHC will request additional information from you.

For students who need TB screening services (TB skin test or chest x-ray):

TB tests and chest x-rays are available at the Cal State LA Student Health Center (SHC) prior to moving into Cal State LA Housing.

- **Students who have not paid the SHC fee, not enrolled in State-funded courses, or new to the University (during the term they are requesting TB screening) must pay the current SHC fee prior to receiving services. For students new to the University, or not enrolled in State-funded courses, the SHC fee only covers services to meet University-required testing or clearance.**

For appointments to obtain a TB skin test or chest x-ray, please call (323) 343-3302. Students who are given a TB skin test must return in two or three days to have their skin tests checked by a SHC nurse. Failure to return at the appropriate time for the TB reading will result in a \$10 repeat test fee.

For additional information call (323) 343-3300 or visit our website
<http://www.calstatela.edu/studenthealthcenter>