TUBERCULOSIS SCREENING (to be completed by health care provider)

- Has the student lived in any of the countries with high rates of TB (see table below) □ Yes □ No
- Has the student been in close contact with someone with tuberculosis? □ Yes □ No
- Has the student resided or worked in a prison, homeless shelter, nursing home or hospital? □ Yes □ No
- Does the student have cancer, leukemia, diabetes, kidney disease, HIV/AIDS, low body weight, malabsorption syndrome, history of IV drug use or take immunosuppressive meds such as prednisone? □ Yes □ No
- Is the student enrolled in either the Athletic Training Program or Sports Science Major? □ Yes □ No

*YES answer to any of the above: PPD (Mantoux) skin test is required.

A history of BCG vaccination does not preclude testing.

Date Placed_______________ Date Read_______________ Result_______________ mm of induration

*Positive tuberculin skin test: Chest X-Ray required:

Date of X-Ray______________ Result: □ Normal □ Abnormal

SIGNATURE OF HEALTHCARE PROVIDER: __________________________________________________________

HEALTH INSURANCE COVERAGE

*Please provide 2 copies of both sides of your insurance card.*

Please Note: There is no fee for Health Center visits however all outside lab testing and prescription medication will be billed to your personal insurance. Lasell College is not responsible for any fees or outstanding balances associated with such charges.

My signature below indicates that:

- I consent to health care treatment by the Lasell College Health Center Staff.
- The information on this form is correct to the best of my knowledge.
- I understand that Lasell College views my health as chiefly my responsibility.
- If I require services, prescriptions, or referrals beyond the primary care services available at the Health Center, I shall assume the financial responsibility or negotiate satisfactory payment with the caregiver.
- I understand that my contacts with Health Center are held in confidence, but that confidentiality may be broken if my health or that of another person is in danger.

Signature of Student___________________________________________________ Date_________________

Signature of Parent____________________________________________________ Date_________________

(Required if student is not yet 18 years old or if insurance listed is in parents or guardians name)

Countries with High Rates of TB
("High Incidence" areas are defined as areas with reported or estimated incidence of ≥20 cases per 100,000 population)