

**International Student Health Form**  
**Medaille College Student Health Services**

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**Medaille College requires that each student submit the International Student Health Form completed in English to the Medaille College Health Office before admission to the College.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_  
Month Day Year Male or Female

Permanent Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town Country Postal Code Citizenship

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Consent of parent or guardian for treatment of those under 18 years of age**

*To be completed if the student is under 18 years of age at the time of arrival on campus even if student will turn 18 during the academic year.*

To obtain care that may be necessary for our students and to protect the physicians and institutions involved, it is necessary that you sign the consent for treatment statement. While every reasonable effort is made to contact families in the event of serious illness or injury, this is not always possible within a short period of time; therefore, the consent form is necessary to provide appropriate care.

Signature of Parent/Guardian indicates that Medaille College Student Health Services has permission to treat your child. This includes care and treatment by medical providers at any outside health care facility if deemed necessary by Medaille College Student Health Services.

\_\_\_\_\_  
Parent/Guardian Signature Date

**HEALTH HISTORY**

Drug Allergies: \_\_\_\_\_

Current Medications & Doses: \_\_\_\_\_

Medical/Psychological Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**MANDATORY TUBERCULOSIS SCREENING FORM**

Student's name (please print): \_\_\_\_\_  
Last First MI

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

**SECTION A: TUBERCULOSIS (TB) EXPOSURE RISK QUESTIONNAIRE**

- 1. Have you or a close contact ever been sick with tuberculosis? YES NO
- 2. Have you ever had a positive mantoux test? [A mantoux (PPD) is a skin test for tuberculosis] YES NO
- 3. Have you ever been vaccinated with BCG? YES NO
- 4. 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
- 5. Have you had HIV/AIDS, diabetes, leukemia, lymphoma, head, neck, or lung cancer, chronic renal failure, illicit drug use, intestinal bypass, gastrectomy, chronic malabsorption syndrome, low body weight, prolonged corticosteroid therapy, an organ transplant, or a chronic immune disorder? YES NO
- 6. Do you have a persistent cough? (3 weeks or more), fever, night sweats, fatigue, loss of appetite, or weight loss? YES NO
- 7. 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

**SECTION B: ATTENTION HEALTH CARE PROVIDER:**

If student answers YES to any of the above questions, proof of the interferon gamma release assay (IGRA) or PPD is REQUIRED. If IGRA or PPD results are positive or student has a history of a positive PPD, a chest x-ray is REQUIRED. IGRA or PPD and/or chest x-ray must be done within six months prior to attendance. History of BCG vaccination does not prevent testing of a member of a high risk group.

PPD: Date placed \_\_\_\_\_ Date read \_\_\_\_\_ mm induration \_\_\_\_\_  
(record actual mm of induration, transverse diameter:

Interpretation: Positive \_\_\_\_\_ (chest x-ray required) Negative \_\_\_\_\_ if no induration, write "0"  
(based on mm of induration as well as risk factors)\*

**OR**

IGRA: Date obtained \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_

Chest X-ray: (Required if PPD or IGRA is positive) Date of chest x-ray \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Treatment Plan (include plan for TB prophylaxis treatment) \_\_\_\_\_

**\*Interpretation Guidelines for PPD**

**>5mm is positive:**

- Recent close contact of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons taking >15mg/d of prednisone for >1 month; taking a TNF-a antagonist
- Persons with HIV/AIDS

**>10 mm is positive:**

- Persons who were born or lived in a high prevalence country
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of residence, working, or volunteering in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes, chronic renal failure leukemia, lymphoma, head, neck, or lung cancer, low body weight, gastrectomy or intestinal bypass, chronic malabsorption syndromes

**>15 mm is positive:**

- Persons with no known risk factors for TB disease

**PROVIDER INFORMATION REQUIRED**

\_\_\_\_\_  
Signature of health care provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stamp of health care provider

\_\_\_\_\_  
Phone number of practice