

If TST or TBT results were Positive:

Did Patient need to have a chest x-ray? ____ Yes ____ No

Result of X-Ray: ____ Normal ____ Abnormal

If TST or TBT results were Positive:

Did Patient take Medication Treatment for TB? ____ Yes ____ No

If yes, Drug Name: _____

Dose and Frequency: _____

Treatment Start Date: _____
Month Day Year

Treatment End Date: _____
Month Day Year

A PHYSICAL EXAMINATION IS NOT REQUIRED – ALL INFORMATION MUST BE IN ENGLISH

Name of Doctor/ Physician: _____

Signature of Doctor/ Physician: _____

Date: _____
Month Day Year

Address: _____

Phone Number: _____

*Immunization Exemptions: A letter is required for religious exemption.
Healthcare practitioner’s note is requires for medical exemption.*

PARTICIPANTS MUST EMAIL A COPY OF THIS FORM TO IEP@CSUSB.EDU BEFORE ARRIVING IN THE USA.

If this form is not completed participants will not be allowed to enter or observe in K-12 schools.