



**California State University, Los Angeles
Student Health Center**

5151 State University Drive, Los Angeles, CA 90032-8411
Information: (323) 343-3301 Appointments: (323) 343-3302 FAX: (323) 343-6557

**Housing Services
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 or negative chest x-ray done within the past year. Please see back page on how to send this form to the Student Health Center (SHC).

TB skin tests and chest x-rays are offered at the SHC. Fees may apply. Please see back page.

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

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

Check One:

- I am attaching valid proof of a negative TB test or chest x-ray 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 or chest x-ray 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: _____

Signature of Medical Provider: _____

Print Name: _____ Title: _____ Date: _____

Address _____

City, State, Zip _____



TO BE COMPLETED BY CSULA STUDENT HEALTH CENTER

- Verification approved
- Verification not approved -- Reason _____

Signature _____ Title _____ Date _____

Forms/registration/TB-Housing/05-16



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. Acceptable proof is a written document signed and dated by a licensed health care provider with the official seal or stamp of the health care provider's clinic. The SHC is located on the main walkway between the Career Development Center and the Annenberg Science Complex. Parking in metered lot 4 is recommended.

Mailing address: Student Health Center, Cal State L.A., 5151 State University Drive, L.A., CA 90032-8411. **Include your name, CIN, date of birth, and quarter for which first enrolled.**
FAX number: (323) 343-6557.

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 L.A. Student Health Center (SHC) prior to moving into Cal State L.A. Housing.

- **Students who have not paid the SHC fee, not enrolled in State-funded courses, or new to the University (during the quarter 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 and SHC hours, call the SHC at (323) 343-3300 or visit our website:
www.calstatela.edu/studenthealthcenter