



Name _____
First Name Last Name

Date of Admission¹ _____ Date of Birth _____
M D Y M D Y

Part I. TB Clinical Assessment by Physician.

1. TB Screening Test (completed within 3 months before admission²)

The student must be tested for either Interferon Gamma Release Assay(IGRA) or Mantoux Tuberculin Skin Test (TST) in order to be evaluated for the risk of TB.

No history of BCG → Mantoux Tuberculin Skin Test (TST)	History of BCG → Interferon Gamma Release Assay(IGRA)
Date Given _____ Date Read _____ M D Y M D Y	Date Obtained _____ M D Y
Result: _____ mm of induration	Specify method : QFT-GIT T-Spot Other _____
Interpretation: positive _____ negative _____	Result: negative _____ positive _____ indeterminate _____

2. Chest x-ray: (Required if TST of IGRA is **POSITIVE**)

If the student has already done a chest x-ray for VISA at an institution authorized by Japanese government, attach a copy of certification instead of an additional test.

Date of chest x-ray: _____ Result; normal _____ abnormal* _____
M D Y

*If there is any finding of tuberculosis, please give your comment below regarding the possibility of transmission to others.

All students with a positive TST or IGRA with NO signs of active disease on chest x-ray should be treated for latent TB with appropriate medication and submit a referral document to Tokyo Tech Health Support Center to continue treatment in Japan if necessary.

I certify that the above information is an accurate record of this student's Tuberculosis screening result.

NAME of Physician -Print Name _____ Signature _____
 Address _____ Email _____
 Date : _____ . _____ . _____ 2020

¹ If your arrival in Japan is later than the date of admission, write the date you plan to enter the country.

² If you are not able to enter Japan, take the test within 3 months before the expected date of arrival.