Tokyo Institute of Technology

$\textbf{Health Certificate} \ \ (\textbf{Part} \ \textbf{I} \)$

First Name

Name



Last Name

Date of Admission 1 / / Date of	of Birth / /		
Date of Admission 1 / / Date of Birth / / / M D Y Part I.TB Clinical Assessment by Physician. 1. TB Screening Test (completed within 3 months before admission 2) 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)
		ate Given / / Date Read / / M D Y	Date Obtained / / M D Y
esult:mm of induration	Specify method: QFT-GIT T- Spot		
terpretation: positive negative	Result: negative inconclusive		
Date of chest x-ray:/ Result; normal abnormal* *If there is any finding of tuberculosis, please comment below regarding the possibility of transmission to others. All students who test positive for TST or IGRA and have NO signs of active disease on their chest x-ray should be treated for latent TB with appropriate medication and submit a referral document to the 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)	Signature		
Address_	Email		
Date :			
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.