

Name

First Name	Last Name
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Date of Admission¹

/	/	
M	D	Y

Date of Birth

/	/	
M	D	Y

1. TB Screening Test (completed within 3 months before admission ²)

No history of BCG → Mantoux Tuberculin Skin Test (TST)	History of BCG →Interferon Gamma Release Assay(IGRA)
Date Given <u> / / </u> Date Read <u> / / </u> M D Y M D Y	Date Obtained <u> / / </u> M D Y
Result: _____mm of induration	Specify method : QFT-GIT T- Spot
Interpretation: positive negative	Result: negative____ positive ____ inconclusive ____

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

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.