



International Student Medical History Record
THIS FORM IS REQUIRED FOR ATTENDANCE

Name: _____ Birth Date (Mo/Day/Yr) _____
 Last First MI
 SMU Student ID # _____ Telephone: (____) _____

Tuberculosis (TB) Screening Questionnaire
结核病问卷调查

Please answer the following questions:
请回答以下问题

1. Have you ever had a positive TB skin test? Yes No
你曾经接受过结核菌素皮肤试验吗？ 是 否
2. Have you ever had close contact with anyone who was sick with TB? Yes No
你曾经与结核病患者有过密切接触吗？ 是 否
3. Is the student a member of a high risk group? **If yes, tuberculin skin test is required.** Yes No
(See explanation of high risk population below) 是 否
该生是否属于结核病高发人群？如果是，则其必须接受结核菌素皮肤测试。
(结核病高发人群的定义请见下文)

Categories of **high risk students** include those **students who have arrived within the past five (5) years from countries where TB is endemic.** It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries **EXCEPT** those on the following list:

所谓高发人群是指那些过去五年间来自结核病流行国家的学生。事实上，相较于区分一个结核病高发率的国家，界定一个低发病率的国家还是相对容易的。因此，除了来自下列国家、地区的学生外，其他生源的学生都必须接受结核病问卷调查。

Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, New Zealand.

加拿大，牙买加，圣基茨和尼维斯，圣卢西亚，美国，维尔京群岛（美国），比利时，丹麦，芬兰，法国，德国，希腊，冰岛，爱尔兰，意大利，列支敦士登，卢森堡，马耳他，摩纳哥，荷兰，挪威，圣马力诺，瑞典，瑞士，英国，美属萨摩亚，澳大利亚，新西兰。

Other high-risk students include:

Those with HIV infection.

Those who inject drugs.

Those who have resided in, volunteered in, or worked in high-risk congregate settings such as: prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters.

Those who have clinical conditions such as: diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunioileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone 15 mg/d for one month) or other immunosuppressive disorders.

其他需要注意的高危学生还包括：

感染艾滋病毒的。

注射过毒品的。

曾经在高危场所居住、做过义工、或工作过的，这些场所包括：监狱、养老院、医院、艾滋病患者安置地，及收容所等。

有下列临床疾病或症状的，包括糖尿病、慢性肾功能衰竭、白血病或淋巴瘤、过轻体重、胃部切除和空肠改道术、慢性吸收不良综合症、皮质激素疗法（例如，强的松类固醇15毫克/天，一个月）或其它免疫系统疾病。

If the answer is NO, no further testing or further action is required.

如果上述问题的答案皆为“否”，则无需采取进一步测试或措施。

If the answer is YES to any of the above questions, Saint Martin's University requires that a health care provider complete a tuberculosis risk assessment (to be completed within 6 months prior to the start of classes). 如果上述任何一个问题的答案为“是”，则圣马丁大学要求相关的医疗机构或人员就必须给出相应的结核病风险评估报告（此分析报告要求在开学前六个月内完成）

If the answer is YES to any of the above questions, please have a Licensed Healthcare Provider fill out and sign Page 2 of the “International Only Student Form” completely and accurately.

如果上述任何一个问题的答案为“是”，则要求有行医执照的医疗机构或人员完整、准确地填写“国际学生登记表”的第二页并署名。

TO BE FILLED OUT BY LICENSED HEALTH CARE PROFESSIONAL

由有行医执照的专业医务人员填写

1. Have you ever had a BCG inoculation? Yes No
你接种过卡介苗吗？ 是 否

2. Tuberculin Skin Test:
结核病皮肤试验

Date Given _____ Date Read _____

皮试执行时间 (Mo月/Day日/Year年) 皮试检查时间 (Mo月/Day日/Year年)

Result (in mm) _____ Record actual mm of induration, transverse diameter;
检查结果 (if no induration, write "0.") 硬化程度、大小等症状描述要求精确到毫米
(如无硬化症状, 则填写“0”)

Interpretation: Positive 阳性 _____ Negative 阴性 _____

医学结论: (based on mm of induration as well as risk factors)

(基于硬化程度和危险评估因素)

3. Chest x-ray (required if tuberculin skin test is positive)
胸部X光检查 (如果结核病皮试为阳性, 则此检查为必查项)

Date of chest x-ray _____
拍片日期

Result: Negative 阴性 _____ Positive 阳性 _____
检查结果

4. Quantiferon TB Gold Test:
结核病的黄金测试:

Date of Test _____
测试日期 (Mo月/Day日/Year年)

Result: Negative 阴性 _____ Positive 阳性 _____
检查结果 (Mo月/Day日/Year年)

5. Have you had INH prophylaxis treatment? Yes No
你接受过INH预防处理吗？ 是 否

If yes, duration of treatment:
如果接受过, 治疗周期是:

Number of months _____ From _____ To _____
治疗月数 自 (Mo月/Day日/Year年) 至 (Mo月/Day日/Year年)

6. Last Follow Up: _____ Result _____
最近一次的复查 (Mo/Day/Year) 复查结果

Licensed Healthcare Provider's signature _____ **Date** _____
资质医务人员签名 日期

STUDENT SIGNATURE (Please print and sign your name) _____ **DATE** _____
学生签名 日期

PARENT OR GUARDIAN SIGNATURE (Required if student is under 18 years of age) _____ **DATE** _____
学生家长或监护人签名 (如该生未满18周岁) 日期