

TUBERCULOSIS (TB) CLEARANCE FORM

In an effort to provide Baruch students a healthy educational environment, **ALL students living in a Baruch Residence Hall are required to receive TB clearance.** Failure to receive clearance will initiate a hold being placed on your academic record blocking you from registering for future courses at Baruch College.

To receive clearance, please answer the questions below. If you answered “**Yes or Unsure**” to any of the questions below, you are **REQUIRED** to visit the Baruch College Health Center for further assessment prior to occupying the Baruch Residence Hall. To make an appointment to see a health care practitioner at the Baruch Health Center please call 646-312-2040.

Last Name: _____ First Name _____ M.I. _____

Date of Birth ____/____/____ Age _____ Last 4 Social Security # _____
Month Day Year

Preferred Phone (____) _____ - _____

Address _____
 Street _____ City _____ State _____ Zip _____

NOTE: Providing fraudulent information on this form constitutes a violation of the Baruch College Code of Conduct and may result in your denial of or removal from Baruch College Residence Halls as well as other sanctions deemed appropriate under Article XV of the bylaws of the Board of Trustees of the City University of New York

Please answer the following Questions by checking (x) the appropriate box.

	YES	NO	UNSURE
Have you ever worked in a healthcare environment, prison, homeless shelter, or orphanage?			
Have you ever had a positive TB skin test?			
Have you ever had close contact with anyone who was sick with TB?			
Were you born in one of the countries listed on the back of this page?			
Have you traveled to or lived for more than 1 month in one or more of the countries listed on the back of the page?			

If you have answered “NO” to ALL the questions, please return this form to:

**Baruch College
 Medical Records Unit, Undergraduate Admissions
 One Bernard Baruch Way, Box H-0721
 New York NY 10010 Tel: (646) 312-1400 Fax: (646) 312-1362 or 1363**

OFFICE USE ONLY

Cleared by Health Center on ____/____/____

Cleared by _____

List of Countries

Source: Clinical Policies and Protocols, Bureau of Tuberculosis Control, New York City Department of Health and Mental Hygiene, 4th Edition, March 2008 (www.nyc.gov/health/tb). "High- incidence areas" are defined by the New York City Tuberculosis Control Program as areas with reported or estimated ≥ 20 new positive cases per 100,000 persons.

Africa

ALL countries except
Seychelles

Eastern Mediterranean

Afghanistan
Bahrain
Djibouti
Egypt
Iraq
Morocco
Pakistan
Qatar
Somalia
Sudan
Yemen

Europe

Armenia
Azerbaijan
Belarus
Bosnia & Herzegovina
Estonia
Georgia
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Moldova (Republic of)
Romania
Russian Federation

Tajikistan
Turkmenistan
Ukraine
Uzbekistan

North, Central & South America

Belize
Bolivia
Brazil
Columbia
Dominican Republic
Ecuador
El Salvador
Guatemala
Guyana
Haiti
Honduras
Mexico
Nicaragua
Panama
Paraguay
Peru
Suriname

Southeast Asia

Bangladesh
Bhutan
India
Indonesia
North Korea (DPRK)

Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste

Western Pacific

Brunei Darussalam
Cambodia
China
China (Hong Kong SAR)
Guam
Kiribati
Lau PDR
Macao (China)
Malaysia
Marshall Islands
Micronesia
Mongolia
New Caledonia
Northern Mariana Islands
Palau
Papua New Guinea
Philippines
Solomon Islands
South Korea (ROK)
Vanuatu
Viet Nam