



## Personal statement of health regarding tuberculosis/tuberculin status

All students that are enrolled in QMUC's exchange programme are to have their practical training in a Norwegian kindergarten. It is mandatory for all students to fill out and hand in a personal statement about tuberculosis/tuberculin status (cf. Tuberkuloseforskriften § 3-1 and 3-2).

Personal information	
Name	
Home Country	

PART A Personal statement regarding tuberculosis/tuberculin status	
1) Do you reside in a country with high occurrence of tuberculosis? (Check list at the back of this form to see if your country is on the list)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you lived in or stayed in a country with high occurrence of tuberculosis for <i>more than three months</i> within the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Have you in any way been exposed to contagion of tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby confirm that I have answered the questions above truthfully:  (signature student).	

If you answered YES to question 1, 2 or 3 in the form above, you are obliged to undertake a tuberculosis test. Please have the medical personnel fill out and sign PART B of this document (see below).

Please note that the test needs to be completed before you are allowed to start your practical training.

### List of countries with high and very high occurrence:

<https://www.fhi.no/en/id/infectious-diseases/TB/countries-tuberculosis/>





Students that reside in, or that have lived in or stayed in a country with high occurrence of tuberculosis for more than three months within the last three years must take a tuberculosis test. You can take the test at Trondheim vaksinasjon- og smittevernkontor. When the test is completed, you must hand in a document of completion from Trondheim vaksinasjons- og smittevernkontor. Hand in the document to the International Office (see part B)

<b>PART B</b>	<b>Confirmation of completion of tuberculosis test</b> (to be filled out by medical personnel)
	It is hereby confirmed that the student has undertaken an examination and a tuberculosis test and that there have been no finds of contagious tuberculosis.
	Signature medical personnel:
	Date, stamp and official ID-number of medical personnel:

