

V) Questions about tuberculosis

1 Have you been or are you still being treated for tuberculosis?

- NO
 YES (Currently being treated Within the last year Within the last two years More than three years ago Others)

2 A) Are there people around you that have been or are still hospitalized for tuberculosis?

- NO
 YES (Currently being treated Within the last year Within the last two years More than three years ago Others)

2 B) Please tell us who this person is.

- | | | | | | | |
|--|---|---|---|---|---|--|
| <input type="checkbox"/> Member of the family you live with (My <input type="checkbox"/> Elementary school <input type="checkbox"/> Junior high school <input type="checkbox"/> High school <input type="checkbox"/> Cram school <input type="checkbox"/> University <input type="checkbox"/> Others () | } | <input type="checkbox"/> Teacher <input type="checkbox"/> Student <input type="checkbox"/> Others () | { | <input type="checkbox"/> Homeroom <input type="checkbox"/> Overseeing the club or circle at school <input type="checkbox"/> Others () <input type="checkbox"/> Same class <input type="checkbox"/> Same club or circle at school | { | <input type="checkbox"/> Have attended class <input type="checkbox"/> Same grade <input type="checkbox"/> Others () |
|--|---|---|---|---|---|--|

3 Have you had a cough, sputum or a fever for over two weeks?

- NO
 YES (details) ()

At the Medical Center for Student Health, there are doctors and nurses as well as counselors that can provide consultation or advice in case of physical health problems. Do not hesitate to consult us.

If you have something you would like to discuss with us, please write a brief summary in the brackets below. If you wish us to contact you, please ✓ the box below and write down your address and/or phone number as well.

| | |
|--|---------------------------------|
| I wish to be contacted by the Medical Center for Student Health <input type="checkbox"/> | |
| | My address and/or phone number: |