



(269) 387-3287 (269) 387-3204 fax

This form must be completed for Sindecuse Health Center to bill your insurance company.

atient	FULL LEGAL NAME (REQUIRED FOR HE	VITH DECODDS)	WMILIDENTIFIC	WMU IDENTIFICATION NUMBER (WIN) IF KNOWN		
	DATE OF BIRTH (MM/DD/YY)	PREFERRED FIRST NAME AT WMU	SEX: FEMALE MALE	GENDER IDENTITY: □ FEMALE □ MALE		
	CITY PHONE	STATE ZIP	i mace	☐ TRANSFEMALE / MTF ☐ TRANSMALE / FTM ☐ TRANSGENDER ☐ GENDER NONCONFORMING ☐ DIFFERENT IDENTITY		
	Primary Insurar	nce	□ USE AS PA	TIENT'S EMERGENCY CONTACT		
LICY HOLDER	NAME		RELATIONSHIP	TO PATIENT		
	DATE OF BIRTH (MM/DD/YY)		PHONE			
	ADDRESS		EMPLOYER			
	CITY	STATE ZIP	SEX: 🗖 FI	EMALE		
INSURANCE 1	INSURANCE COMPANY		INSURANCE PH	ONE		
	CLAIM SUBMISSION ADDRESS		STATE	ZIP		
	CONTRACT/POLICY NUMBER		GROUP NUMBE	R		
OLICY HOLDER 2	Secondary Insu	rance or Emergency Contact	☐ USE AS PA	TIENT'S EMERGENCY CONTACT TO PATIENT		
	DATE OF BIRTH (MM/DD/YY)		PHONE			
	ADDRESS		EMPLOYER			
	CITY	STATE ZIP	SEX: 🗖 FI	EMALE		
INSURANCE 2	INSURANCE COMPANY		INSURANCE PH	ONE		
	CLAIM SUBMISSION ADDRESS		STATE	ZIP		
	CONTRACT/POLICY NUMBER		GROUP NUMBE	R		
	Patient Signatu	re				
	I authorize Sindecuse Health (MEDICARE RECIPIENT AUTHORIZA furnished me by Sindecuse Heal	Center to furnish information to my in FION: I request that payment of authorize th Center. I authorize Sindecuse Health lation needed to determine these bene	zed Medicare ber Center to release	efits be made on my behalf for services to the Center for Medicare and Medica		

DATE



Tuberculosis (TB) Screening Worksheet for International Students

- 1. Have you ever had close contact with persons known or suspected to have active TB disease?
- 2. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease?

Afghanistan	Central African	Gambia	Madagascar	Palau	Syrian Arab Republic
Albania	Republic	Georgia	Malawi	Panama	Tajikistan
Algeria	Chad	Ghana	Malaysia	Papua New Guinea	Tanzania
Angola	China	Greenland	Maldives	Paraguay	(United Republic of)
Anguilla	China, Hong Kong,	Guam	Mali	Peru	Thailand
Argentina	SAR	Guatemala	Marshall Islands	Philippines	Timor-Leste
Armenia	China, Macao SAR	Guinea	Mauritania	Portugal	Togo
Azerbaijan	Colombia	Guinea-Bissau	Mauritius	Qatar	Tokelau
Bahamas	Comoros	Guyana	Mexico	Republic of Moldova	Tunisia
Bangladesh	Congo	Haiti	Micronesia	Romania	Turkmenistan
Belarus	Côte d'Ivoire	Honduras	(Federated States of)	Russian Federation	Tuvalu
Belize	Democratic People's	India	Mongolia	Rwanda	Uganda
Benin	Republic of Korea	Indonesia	Morocco	Sao Tome and Principe	Ukraine
Bhutan	Democratic Republic	Iraq	Mozambique	Senegal	Uruguay
Bolivia	of the Congo	Kazakhstan	Myanmar	Serbia	Uzbekistan
Bosnia and	Djibouti	Kenya	Namibia	Sierra Leone	Vanuatu
Herzegovina	Dominican Republic	Kiribati	Nauru	Singapore	Venezuela (Bolivarian
Botswana	Ecuador	Kuwait	Nepal	Solomon Islands	Republic of)
Brazil	El Salvador	Kyrgyzstan	Nicaragua	Somalia	Viet Nam
Brunei Darussalam	Equatorial Guinea	Lao People's	Niue	South Africa	Yemen
Bulgaria	Eritrea	Democratic Republic	Niger	South Korea	Zambia
Burkina Faso	Eswatini (formerly	Latvia	Nigeria	(Republic of Korea)	Zimbabwe
Burundi	Swaziland)	Lesotho	North Korea	South Sudan	
Cabo Verde	Ethiopia	Liberia	Northern Mariana	Sri Lanka	
Cambodia	Fiji	Libya	Islands	Sudan	
Cameroon	Gabon	Lithuania	Pakistan	Suriname	

Source: World Health Organization Global Tuberculosis Report 2018. Countries with incidence rates of \geq 20 cases per 100,000 population. For future updates, refer to http://www.who.int/tb/country/en/.

- **3.** Have you had frequent or prolonged visits to one or more of the countries or territories listed above with a high prevalence of TB disease?
- **4.** Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities long-term care facilities, and homeless shelters)?
- **5.** Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?
- **6.** Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?

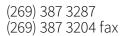
If you were born in one of the countries or territories above, WMU requires you to have TB testing here on campus. You will be able to schedule an appointment when you arrive at orientation.

If the answer is YES to any of the above questions and you are not from one of the countries above, you may have been exposed to TB and will want to consider getting a QFG lab test upon arrival to campus.

Sindecuse Health Center offers testing and treatment for TB exposure.

More information is available at wmich.edu/healthcenter/clinic/services/tb.

To schedule an appointment visit healthmanager.wmich.edu/ or see our representative at orientation.





Medical and Mental Health Treatment Authorization

For patients under the age of eighteen (18) to be seen by clinical and counseling employees at Sindecuse Health Center, this form must be signed. Health Center staff make every effort to contact you in the event of an emergency or serious illness.

I hereby authorize staff of Sindecuse Health Center at Western Michigan University to administer treatment to my son or daughter. This authorization is effective from the date of signature until the patient is of legal age or ineligible to use the facility's services.

I hereby authorize staff of Sindecuse Health Center at Western Michigan University to administer medical treatment to my son or daughter. This authorization is effective from the date of signature until the patient is of legal age or ineligible to use the facility's services.

MINOR'S NAME (PRINT)	WIN (WMU IDENTIFICATION NUMBER)			
X				
PARENT OR GUARDIAN'S SIGNATURE	DATE			
PARENT OR GUARDIAN'S NAME (PRINT)	HOME PHONE #			
MOBILE PHONE #	WORK PHONE #			