UNIVERSITY OF SOUTH CAROLINA

STUDENT APPLICATION PACKET

2018-2019

APPLICATIONS ONLY ACCEPTED IN HARD COPY (NOT ELECTRONICALLY)

Due Date for Program Year 2018-19: February 1, 2018
APPLICATION FOR ADMISSION

We accept applications beginning October 1, 2017 for the 2018 fall semester. The deadline for application is February 1, 2018. Applicants can expect notification beginning April 15, 2018.

Note: Applications are not considered unless ALL requested information is present at the time of review.

REQUIRED APPLICATION MATERIALS:

Make sure you have included the following documents in your application packet before you submit it.

___ CarolinaLIFE Student Application
___ USC Community Standards form
___ Application for USC Undergraduate non-degree program
___ $25.00 Application fee (Please make checks payable to University of South Carolina)
___ Copy of your last/current Individual Education Program (IEP)
___ Psychological or psychoeducational evaluation current within the past three years
___ Three (3) Letters of recommendation (See letters of recommendation forms)
___ Immunization Form

Note: Letters must be submitted using the recommendation forms in this packet and returned with the application packet in sealed envelopes as directed on the form. The admissions committee reviews the letters of recommendation and other materials. Complete confidentiality is assured.

All application materials for students not accepted into the program are shredded by June unless the student or parents/guardian request a return of records.

Any admission materials sent directly to the university rather than the program office above may delay the admission process. Applications received by our office after the deadline cannot be guaranteed a review.
The Admission Process

Admission to CarolinaLIFE™ Program is selective. Meeting basic requirements does not guarantee admission to the program.

I. Complete the application materials and send the packet by hard copy (e.g. U.S. Postal, FedEx, UPS, or personally delivered). You may download the packet at our website: http://www.sa.sc.edu/sds/carolinalife

Send or deliver the materials to:
CarolinaLIFE
Attn: Abigail Mojica
College of Education
Suite 235 Wardlaw
820 Main Street
Columbia, SC 29208

Mrs. Mojica’s phone number is: 803-777-6092

II. Upon receipt and verification of the completeness of the application, the student may be contacted via email to schedule a personal interview. Not all students are offered an interview. The admissions committee reviews application materials to determine if a student’s support needs appear to align with the program resources. An admissions committee member will contact parents/guardian if the gap between the student’s support needs and programs resources appear to be too wide and thus end further consideration for admission. Parents and/or student inquiries about such a decision are welcomed. Any inquiry should begin with an email or call to Mrs. Mojica.

The admissions committee will offer an interview to students whose support needs appear to align with program resources. Admission to the program requires completion of this step.

III. Admissions decisions

The committee makes admissions decisions based upon a careful review of submitted documents, results from the interview, and consideration of prospective students’ needs and program resources. The committee notifies students regarding acceptance by letter through the U.S. Postal Service. Letters are mailed beginning April 15, 2018.

LETTERS OF RECOMMENDATION

Please submit three (3) letters of recommendation from either employers or former teachers who have known you for at least one year.

Copy the letter or recommendation form that follows on the next page and give one to each person that provides a recommendation.

Letters must be submitted using the recommendation form in this packet returned with the application packet in sealed envelopes with the evaluator’s signature across the flap.
LETTER OF RECOMMENDATION FORM

Recommendation for (applicant’s name): ________________________________

We would greatly appreciate your completion of this form at your earliest convenience. We cannot consider the applicant without this form. Attach additional pages as needed.

Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant will submit all letters of recommendation as part of an application packet. Thank you for your assistance.

Information about Person Making a Recommendation:

Last Name: _____________________ First Name: ____________________

Relationship to Applicant: __________________________________________

Address of Recommender:

Number and Street: ____________________________ Apt. # ____________

City: _________________ State: ________ Zip Code: ____________

Telephone: ________________ E-mail: ______________________________

1. How long have you known the applicant and in what capacity?

2. Please describe why you think the applicant would benefit from a postsecondary education experience.

3. Please provide your overall assessment of the applicant’s academic ability and promise. What do you consider to be the applicant’s strengths and challenges that will make him/her a good candidate for this program?
4. CarolinaLIFE requires a level of independence for enrolled students close to all others on the USC campus and does not provide 24-hour supervision. Please rate the applicant using the scale for the following three areas based on what you know about the applicant. Circle the number on the scale that represents your rating:

A. Independence:
   - 1: Full Assistance
   - 2: Moderate Assistance
   - 3: Slight Assistance
   - 4: Some Independence
   - 5: High Level of Independence

Please elaborate on your rating:

B. Challenging Behaviors:
   - 1: History of Challenging Behavior
   - 2: Few Support Needs for Self-Control
   - 3: Some Support Needs for Self-Control
   - 4: High Support Needs for Self-Control
   - 5: Extreme Support Needs for Self-Control

Please elaborate on your rating:

C. Relationships with Others:
   - 1: Prefers to be alone
   - 2: Low Interest in Meeting Others
   - 3: Moderate Interest in Meeting Others
   - 4: High Interest in Meeting Others
   - 5: Very High Interest in Meeting Others

Please elaborate on your rating:
TRANSCRIPT REQUEST FORM

To the applicant:
Use this form to request that a copy of your high school transcripts be send to the CarolinaLIFE™ Program at University of South Carolina.

Please attach my transcripts for transmittal to CarolinaLIFE Program at University of South Carolina.

To the registrar/counseling office:

High School: _____________________________________________________________

Number and Street: _______________________________________________________

City: ______________________ State: _________ Zip Code: __________

Please forward one (1) official copy of my academic records to:

CarolinaLIFE
Attn: Ms. Abigail Mojica
College of Education
Wardlaw Suite 235
820 Main Street
Columbia, SC 29208
Phone: (803) 777-6092

*Any materials sent directly to the university rather than the program office above may delay the admission process.

Applicant’s Name _______________________________________________________

Last attended (month/year) ______________________________________________

Name on my records at that time was: _____________________________________

Signature: ______________________ Date: __________________

6
STUDENT INFORMATION

Last Name____________________ First Name ______________________ MI____

Home Phone _____________________ Cell Phone _________________________

Address __________________________________________________________

City ____________________________ State __________ Zip Code ____________

Birth Date ______________________

Email Address ______________________

Is the applicant his or her own legal guardian? (Circle one): YES NO

This section is to be complete by the applicant with minimal assistance. It may include additional pages when completed. This questionnaire is used as an assessment of the student’s written communication skills

1. Why do you want to attend the CarolinaLIFE program?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. What kind of career would you like upon graduation?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
3. What subjects would you like to study in college?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

4. How do you enjoy your free time?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Please use this space to provide us with any additional information about yourself that you wish to share.
FAMILY INFORMATION

Student lives with:

_______ Both Parents ______ Mother ______ Father _______ Guardian(s) _______ Other

Mother/Guardian

Last Name________________________ First Name _______________________________ MI____

Home Phone _______________________ Cell Phone _____________________________

Address _________________________________________________________________

City _____________________ State _____________ Zip Code ______________

Email Address _____________________________________________________________

Father/Guardian

Last Name________________________ First Name _______________________________ MI____

Home Phone _______________________ Cell Phone _____________________________

Address _________________________________________________________________

City _____________________ State _____________ Zip Code ______________

Email Address _____________________________________________________________
## EDUCATION HISTORY

<table>
<thead>
<tr>
<th>School Level</th>
<th>Name and Location</th>
<th>Indicate if You Completed with a Degree, Certificate, or Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What are your academic strengths? Describe the kind of help you need in other areas.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What would you like to learn in the following areas?

**Independent living:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Employment:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Social Skills:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
# EMPLOYMENT HISTORY

<table>
<thead>
<tr>
<th>Company or Employer Name</th>
<th>Dates of Employment</th>
<th>Paid or Unpaid</th>
<th>Job Responsibilities</th>
<th>Reasons for leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

If you have work experience, please describe what you enjoyed in your work:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe any volunteer experience in your background:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
**HOUSING**

Students in the CarolinaLIFE program typically begin the freshman year with a fellow CarolinaLIFE roommate. What do you imagine are the advantages and challenges of living with a roommate? Please explain:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Students in the CarolinaLIFE program typically live in on-campus housing and often use the various forms of transportation (e.g. walking, bicycling, motor scooter, USC shuttle, city bus, Uber). What limitations, support needs, or related issues do you have/need regarding transportation?

Please explain:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
MEDICAL HISTORY

Please give a brief description of your medical history including any disability diagnoses that you may have.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list any significant medical or physical conditions that may affect your participation in classroom, social, recreational activities on campus, including severe allergies.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list any current medications and indicate for what the medications are taken:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

NOTE: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. The University of South Carolina and CarolinaLIFE do not administer medications.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy? If so, please indicate which services:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Are you independent in self-care such as toileting and basic hygiene? ________________________________
If no, please list limitations:

__________________________________________________________________________
__________________________________________________________________________
RELEASE AND EXCHANGE OF INFORMATION FORM

The University of South Carolina treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. However, it may be necessary for our staff to exchange some information about you with the University of South Carolina faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name: _____________________________________________________________

I give my permission to exchange information about me with offices/individuals checked below:
_____ School District(s) ____________________________________________
_____ School Personnel ____________________________________________
_____ South Carolina Department of Vocational Rehabilitation Office
_____ USC Office of Student Disability Services
_____ Admissions Office
_____ Course Instructors
_____ Financial Aid Office
_____ Parents/Guardians
_____ Registrar’s Office
_____ Tutor/Mentor
_____ University housing
_____ USC Student Health Services
_____ Other (Specify) ______________________________________________

I, __________________________, agree as part of the application process, to waive my right to access the student recommendation form.

Signature _________________________________________________________ Date: ________________

 Witness __________________________________________________________ Date: ________________
Non-Degree Application for Undergraduate Admission

Nonrefundable application fee: $25 (Make check payable to University of South Carolina.) Write applicant’s name and last four digits of his or her Social Security Number on check or money order. Mail payment and application to: Office of Undergraduate Admissions / University of South Carolina / Columbia, SC 29208

PLEASE PRINT CLEARLY IN BLACK INK:

Applicant’s Biographical Information

1. Applicant’s Social Security number:       
   Your Social Security number is used for identification purposes only in a secure and confidential manner.

2. Applicant’s date of birth: month day year

3. Applicant’s gender:  
   Male  
   Female

Enrollment Plans

4. Term you expect to begin classes:  
   □ Fall ________(year)  
   □ Spring ________(year)  
   □ May Session ________(year)  
   □ Summer I ________(year)  
   □ Summer II ________(year)

5. Campus you expect to attend:  
   □ Columbia  
   □ Fort Jackson

6. Check one of the following which best describes your present application (see the center insert for descriptions):  
   □ military special  
   □ college graduate  
   □ audit  
   □ *transient  
   □ other:

   *IMPORTANT NOTE FOR TRANSIENT APPLICANTS: Please note all transient students must submit transient permission from their home institution before they can be considered for admission. This form is available online at www.sc.edu/admissions/admissionspdfs/transientform.pdf

7. Why do you want to take courses at USC? (Be as specific as possible):

8. Name the specific courses you want to take at USC:

9. Do you plan to continue your education at another college or university after taking these USC courses?  
   □ yes  
   □ no  
   If yes, please name college

Applicant’s Contact Information

10.  
    legal last name  
    legal first name  
    legal middle name  
    suffix - Jr, Sr, III, etc.

    preferred first name/last name  
    any other name on record

11.  
    permanent mailing address (all official mail will be sent to this address)  
    city  
    state  
    zip  
    country within S.C.

01/12
12. present address, if different
   city state zip

13. Permanent phone area code number Cell/personal phone area code number

   E-mail address (all official e-mail communication will be sent to this address)

14. Parent, guardian, or closest relative
   parent, guardian, or closest relative’s name
   relationship to you
   street address city state zip
   telephone (area code and number) e-mail address

Your University Affiliation

15. Are you, your spouse, or either of your parents USC faculty or staff members? □ yes □ no

   If yes, USC employee’s name and relationship

16. Have you ever applied to take undergraduate courses at USC-Columbia? □ yes □ no

   If yes, for which semester did you apply? semester year

17. If you attended USC, approximate date of your last USC course semester year

Citizenship and Residency Information

18. Indicate your citizenship status:

   □ I am a U.S. citizen.
   □ I am not a U.S. citizen.
   □ I am a Permanent Resident Alien or Legal Immigrant  resident alien number

   Country of citizenship __________________________ Country of birth __________________________

19. Do you claim legal residency in South Carolina for the purposes of in-state tuition? □ yes □ no

   Legal residents of South Carolina who do not complete the South Carolina Residency Certification Form will be classified as nonresidents and billed the nonresident tuition rate. Applicants claiming S.C. state residency who are later determined to be non-S.C. residents will be required to pay the difference between resident and nonresident tuition retroactive to the beginning of the semester in question. If you are uncertain about whether you qualify for S.C. resident status, visit the Bursar’s Office at www.sc.edu/bursar.

   If you do claim legal residency in South Carolina, how long have you been a resident of South Carolina? ________ years ________ months.

20. For Federal tax purposes, are you a dependent who is claimed by a family member as an exemption? □ yes □ no

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Ethnicity and Race

21. The University is required to collect information on the ethnic and racial composition of its student body and report this information to the U.S. Department of Education.
   a. Do you consider yourself to be either Hispanic, Latino, or of Spanish origin? □ yes □ no
   b. Please select one or more of the following groups with which you identify:
      □ American Indian or Alaskan Native □ Asian □ Black or African-American
      □ Native Hawaiian or other Pacific Islander □ White

Armed Services

22. Are you an honorably discharged veteran of the U.S. Armed forces? □ yes □ no
23. Are you or will you be on active duty in the U.S. Armed forces during the term for which you are applying? □ yes □ no
24. Are you a dependent of an active duty military person? □ yes □ no

REQUIRED FOR MILITARY SPECIAL APPLICANTS ONLY: By Base Education Officer

I certify that ________________________________ is on active duty with the Armed Forces of the United States.

Date ____________________ Signature of education officer ____________________ Base or installation ____________________

Secondary School Information

25. Name of applicant’s high school ____________________________ school ____________________________
    Dates of attendance ____________________________ to ____________________________
    Did you graduate? □ yes □ no □ GED □ still enrolled
    Date of (or anticipated date of) graduation ____________________________

College Information

26. Have you ever enrolled in any college courses, or do you expect to enroll in any before attending USC? This includes dual enrollment courses taken during high school. □ yes □ no
   If “yes,” list the names and dates of attendance of all colleges on the next page, beginning with the earliest dates. If you are presently enrolled, please list expected ending date of attendance at that institution.
   Names of all colleges ____________________________ Cities, states ____________________________
   From ____________________________ to ____________________________
   ____________________________ to ____________________________
   ____________________________ to ____________________________

27. Have you earned a baccalaureate degree? □ yes □ no
   If yes, please name college ____________________________
   Date of graduation ____________________________
   01/12
28. Are you in good academic standing?  □ yes  □ no

29. Are you on suspension of any kind at your current or most recent institution?  □ yes  □ no

Community Standards

Good citizenship is an important aspect of becoming a member of the Carolina Community. Review of any infractions incurred will take place independently of your academic credentials evaluation.

30. Have you ever been disciplined for misconduct by any educational institution since the 9th grade? (Examples include: detention, suspension, or expulsion for such infractions as cheating/academic misconduct, possession or consumption of alcohol by a minor, class disruption, etc.)  □ yes  □ no

If yes, please explain:______________________________________________________________

______________________________________________________________________________

31. Have you ever been arrested for or convicted of a violation of any local, state, or federal law, other than a minor traffic violation since the 9th grade, or are you currently facing an arrest or criminal charge?  □ yes  □ no

If yes, please explain:______________________________________________________________

______________________________________________________________________________

After you submit your application, if you incur any disciplinary actions by an educational institution, or if you are arrested or incur any criminal charges, you must promptly report the event(s) in writing to: Attn: Disciplinary Review / USC Office of Undergraduate Admissions / 902 Sumter Street Access-Lieber College / Columbia, SC 29208.

Failure to do so is cause for denial or revocation of admission or cancellation of enrollment.

Signature

I certify that all information provided in this application is complete and correct. I understand that any falsely reported application information including but not limited to omission or misrepresentation of SAT or ACT scores, current or previous high school or college attendance, or current or previous behavioral or criminal infractions incurred since 9th grade, is cause for immediate denial or revocation of admission and cancellation of registration or enrollment at the University of South Carolina.

I understand that the University may find it necessary to request additional information from my current or previous colleges, schools, or testing services; or to conduct a criminal background check on me. I grant permission to my current or previous colleges, schools, and testing services to release information to the University of South Carolina, and I grant permission to the University to conduct a criminal background check at its sole discretion.

I understand that, in accordance with the SC Family Privacy Protection Act of 2002, the University only collects personal information that is necessary to fulfill its public responsibilities. I understand that, when authorized by law, the personal information I provide is subject to public scrutiny or release. I promise to uphold and abide by the University’s rules and regulations, including the Student Code of Conduct, the Honor Code, and the Carolinian Creed (www.sc.edu/academicintegrity).

Please print:_________________________  ___________________________  __________________
legal last name  legal first name  middle initial

Applicant’s signature_________________________  Date________________________

Mail payment and application to:

Office of Undergraduate Admissions
University of South Carolina
Columbia, SC 29208

01/12
Good citizenship is an important aspect of becoming a member of the Carolina Community. Review of any infractions incurred will take place independently of your academic credentials evaluation.

Name: __________________________________________ Last 4 SSN __________

**Have you ever been disciplined for misconduct by any educational institution since the 9th grade?** (Examples include: detention, suspension, or expulsion for such infractions as cheating/academic misconduct, possession or consumption of alcohol by a minor, class disruption, etc.)

☐ YES  ☐ NO

If “YES”, please elaborate:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Have you ever been arrested for or convicted of a violation of any local, state, or federal law, other than a minor traffic violation since the 9th grade, or are you currently facing an arrest or criminal charge?**

☐ YES  ☐ NO

If “YES”, please elaborate:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I understand that the University may find it necessary to request additional information from my current or previous colleges, schools, or testing services; or to conduct a criminal background check on me. I grant permission to my current or previous colleges, schools, and testing services to release information to the University of South Carolina, and I grant permission to the University to conduct a criminal background check at its sole discretion.

Signature: ___________________________ Date: ___________________________

After completing this form, please fax it to (803) 777-0101 or mail it to the following address:

**USC Office of Undergraduate Admissions**
902 Sumter St Access/Lieber College
Columbia, SC 29208/ATTN: Disciplinary Review

After you submit your application, if you incur any disciplinary actions by an educational institution, or if you are arrested or incur any criminal charges, you must promptly report the event(s) in writing to the USC Office of Undergraduate Admissions by fax or mail (listed above). Failure to do so is cause for denial or revocation of admission or cancellation of enrollment.
IMMUNIZATION RECORD FORM

Return this form by mail or fax to:
Thomson Student Health Center Allergy/Immunization Clinic
1408 Devine St. Columbia, SC 29208
For questions, email immunize@sc.edu or call 803-777-9511.
Fax: 803-777-3955

Enter all immunization dates online at My Health Space at www.sc.edu/myhealthspace before submitting this form.

PLEASE PRINT: To be completed by student.

Name ____________________________________________

Last   First   Middle

Address ____________________________________________

Street/P.O. Box __________________________________

City __________________________________ State _______ ZIP ________ Country ________

Home Phone (___) ___________ Cell Phone (___) ___________ Email __________________________

First term of enrollment (circle) Fall Spring Maymester Summer I Summer II Year 20 _____

Date of birth: _____ / _____ / _______ Age at the time you will enter the University: ________

mm  dd  yyyy

Social Security # or ID number for internationals (REQUIRED): ___________  -  ___________  -  ___________

☐ Freshman  ☐ Transfer  ☐ International student  ☐ Distance education  ☐ Other: _____________

Student signature ____________________________________________

SECTION A: REQUIRED IMMUNIZATIONS: Must be completed/signed by healthcare provider.

1. MMR (Measles, Mumps, Rubella): Two doses required for students born in 1957 or later.
   ☐ Dose 1 - Given at age 12 months or later  Date of administration: _____ / _____ / _______
   ☐ Dose 2 - Given at least 28 days after the first dose  Date of administration: _____ / _____ / _______
   ☐ Exemption: I was born before 1957 and am exempt from this requirement.
   OR proof of positive MMR titer results. (Attach lab reports.)

2. Meningococcal vaccine: Required for all incoming students under 21 years of age.
   Proof of receipt of a conjugate meningococcal vaccine (e.g. Menactra or Mencevo) or a signed waiver declining the vaccine is required for all incoming students under 21 years of age. If it has been between 2 and 5 years since you received the Menomune vaccine, it is recommended you get the Menactra or Mencevo vaccine. If it has been more than 5 years since you received any meningitis vaccine, you are required to get the Menactra or Mencevo vaccine.
   ☐ Menactra  Date of administration mm/dd/yyyy
   ☐ Mencevo  Date of administration mm/dd/yyyy
   ☐ Menomune  Date of administration mm/dd/yyyy

I have read the CDC guideline page inserted in this document and understand the risks associated with meningococcal disease.

☐ Declined vaccination (signature required) ____________________________ Date: _______________
(SECTION A CONTINUED)

Name: ____________________________________________

Last        First        Middle

Date of birth: _____ / _____ / _________

3. Tuberculosis (TB) screening questionnaire. (See page 3.)

Have you ever had a positive TB skin test? □ Yes □ No

Have you ever had close contact with anyone who was sick with TB? □ Yes □ No

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? □ Yes □ No

If yes, please CIRCLE the country.

Have you traveled to a country listed below and stayed more than one month? □ Yes □ No

If yes, please CIRCLE the country.

If the answer is YES to any of the above screening questions, you must complete page 3.

The University of South Carolina requires that students complete a tuberculosis risk assessment by a physician or healthcare facility if risk is noted on TB screening questionnaire.

Afghanistan  Côte d’Ivoire  Japan  Nicaragua  Sudan
Algeria  Croatia  Kazakhstan  Niger  Suriname
Angola  Democratic People’s Republic of Korea  Kenya  Nigeria  Swaziland
Argentina  Democratic Republic of the Congo  Kiribati  Pakistan  Syrian Arab Republic
Armenia  Kuwait  Kyrgyzstan  Palau  Tajikistan
Azerbaijan  Lao People’s Democratic Republic  Panama  Thailand
Bahrain  Latvia  Lesotho  Timor-Leste
Bangladesh  Djibouti  Liberia  Togo
Belarus  Dominican Republic  Libya
Belize  Ecuador  Lithuania
Benin  El Salvador  Madagascar
Bhutan  Equatorial Guinea  Malawi
Bolivia (Plurinational State of)  Eritrea  Malaysia
Bosnia and Herzegovina  Estonia  Maldives
Botswana  Ethiopia  Mali
Brazil  Gabon  Marshall Islands
Brunei Darussalam  Gambia  Mauritania
Bulgaria  Georgia  Mauritius
Burkina Faso  Ghana  Micronesia (Federated States of)
Burundi  Guinea  Mongolia
Cambodia  Guinea-Bissau  Morocco
Cape Verde  Guyana  Mozambique
Central African Republic  Haiti  Myanmar
Chad  Honduras  Namibia
China  India  Nepal
Colombia  Indonesia  Sri Lanka
Comoros  Iraq
Congo

# TUBERCULOSIS (TB) RISK ASSESSMENT

(Required if risk noted on TB screening questionnaire)

## PATIENT SECTION

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent close contact with someone with infectious TB disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign-born from (or travel to/in) a high-prevalence area</td>
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<td></td>
</tr>
<tr>
<td>Abnormal prior chest x-ray suggesting inactive or past TB disease</td>
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<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
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<tr>
<td>Organ transplant recipient</td>
<td></td>
<td></td>
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<tr>
<td>Immunosuppressed (equivalent of &gt;15 mg/day of prednisone for &gt;1 month)</td>
<td></td>
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<tr>
<td>History of illicit drug use</td>
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<tr>
<td>Resident, employee or volunteer in a high-risk congregate setting</td>
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<td></td>
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<tr>
<td>Medical condition associated with increased risk of progression to TB</td>
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<td></td>
</tr>
</tbody>
</table>

*IF YES TO ANY QUESTION ABOVE, TB TESTING IS REQUIRED.*

## HEALTHCARE PROVIDER SECTION

If student has signs or symptoms of active TB, they must be treated and cured of TB before they can enroll at USC. A statement from the treating physician indicating treatment and cure is required. We will accept testing that has been done within the past 12 months.

**NOTE TO INTERNATIONAL STUDENTS:** Interferon Gamma Release Assay is offered on campus at Student Health Services. You may have this completed when you arrive to South Carolina.

**Tuberculin skin test (TST)**

Result must be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0.” The TST interpretation should be based on mm of induration as well as risk factors.

**Date Given:**

<table>
<thead>
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**Date Read:**

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**Result:** __________ mm induration

**Interpretation:** Negative______ Positive______

**Interferon Gamma Release Assay (IGRA):** Check the specific method: □ QFT-G □ TSPOT □ other

**Date Obtained:**

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**Result:** □ Negative □ Positive □ Indeterminate

**Chest x-ray:** Required if TST or IGRA is positive, or symptoms of active disease present. Attach a copy of the chest x-ray report to this document. We will accept a chest x-ray performed within the last three months.

**Date of chest x-ray:**

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**Result:** □ Normal □ Abnormal

**Sputum evaluation:** Required if symptoms of active TB disease are present. Attach a copy of the sputum report to this document.

**Date performed:**

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**Result:** □ Normal □ Abnormal

If TB test was positive, was INH prophylaxis completed? If so, dates:

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SECTION B: OPTIONAL IMMUNIZATIONS

The following vaccines are strongly recommended, but are not currently required for admission. They are available through Student Health Services for a fee.

1. HPV (human papillomavirus): Dose #1: / / / / Dose #2: / / / / Dose #3: / / / /  
2. Hepatitis B: Dose #1: / / / / Dose #2: / / / / Dose #3: / / / /  
3. Tetanus and diphtheria: T-dap: / / / / or Td: / / / /  
4. Hepatitis A: Dose #1: / / / / Dose #2: / / / /  
5. Varicella: Dose #1: / / / / Dose #2: / / / /  
   OR history of chicken pox: / / / /  
   OR attach titer results: / / / /  

Healthcare provider: (Signature or stamp required)

Name: ______________________________ Signature: ______________________________  
(Please Print)

Address: ________________________________________________  
   Street / P.O. Box: ______________ City: ______________ State: ______________ Zip Code: ______________  

Phone: (_____) __________________________ Date: ______________

SECTION C: PARENTAL CONSENT (if student is under age 16)

I hereby authorize any medical treatment and/or counseling services for my son/daughter that may be advised or recommended by the healthcare providers and/or counselors at the University of South Carolina.

Parent Signature: ______________________________ Date: ______________________________

SECTION D: IMMUNIZATION EXEMPTIONS

☐ This student is exempt from the above immunizations on grounds of permanent medical contraindication.  
   Attach verification from healthcare provider.

☐ This student is temporarily exempt from the above immunizations until ___/___/___.
   Attach verification from healthcare provider.

☐ This student is exempt from the above immunizations on grounds of religious exemption.  
   Attach verification by religious leader or health department.

Distance Learning Exemption

I declare by my signature that I will ONLY be enrolling in courses offered by distance learning and therefore will not be attending ANY classes on the University of South Carolina–Columbia campus. I understand that registering for a course offered on campus or at a University-owned or controlled facility voids this exemption, and I will be excluded from class until I provide proof of immunizations. This exemption must be requested for each new term of registration for off-campus courses.

Student/parent or guardian signature: ______________________________