

# TUBERCULOSIS SCREENING QUESTIONNAIRE

(To be completed by ALL first time on-campus enrollees before class attendance at Fort Hays State University)

Name: \_\_\_\_\_  
 Last Name (Please print)                      First Name & MI (Please print)                      Student DOB                      Phone Number (cell or home)

**ABOUT THIS FORM:**

- Tuberculosis, also known as TB, is a bacterial infection that attacks the lungs and, sometimes, other parts of the body. It is spread when someone infected with the disease coughs or sneezes and the bacteria is inhaled by someone nearby.
- Fort Hays State University requires **ALL first time on-campus enrollees** to complete a Tuberculosis Screening Questionnaire, per Kansas Statute KSA 2009 Supp. 65-129 to aid in prevention and control of Tuberculosis.
- **Return this form to the Student Health Center at least two weeks prior to attending classes.** The form can be mailed to Student Health Center, LL045 Memorial Union, 600 Park Street, Hays, Kansas, 67601. Fax: 785-628-4089. Phone: 785-628-4293.
- **If further testing is indicated, the process could take up to two weeks to complete. DO NOT WAIT UNTIL THE LAST MOMENT.**
- **For additional information on TB:** [www.cdc.gov/tb/publications/factsheets/default.htm](http://www.cdc.gov/tb/publications/factsheets/default.htm)

**PLEASE CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:**

1. Have you ever had a tuberculosis (TB) test that was positive? ..... **YES**                      **NO**
2. Have you ever received the BCG vaccine, which is given outside the United States, to prevent tuberculosis (TB)?..... **YES**                      **NO**
3. Have you ever been in contact with anyone who was sick with tuberculosis (TB)? ..... **YES**                      **NO**
4. Were you born in a country not on the list below? (Country of birth) \_\_\_\_\_.....**YES**                      **NO**
5. Have you ever spent more than 3 months in a country not on the list below? ..... **YES**                      **NO**  
 Please list the country \_\_\_\_\_.

**LIST OF EXEMPT COUNTRIES WITH LOW INCIDENCE OF TB  
 (Defined by the Kansas Department of Health & Environment)**

Albania	Canada	Germany	Nauru	Sweden
American Samoa	Chile	Greece	Netherlands	Switzerland
Andora	Costa Rica	Grenada	New Zealand	Turks & Caicos Islands
Antigua & Barbuda	Cyprus	Hungary	Norway	United Kingdom of Great
Australia	Czech Republic	Iceland	Saint Kitts & Nevis	Britain & North Ireland
Austria	Denmark	Ireland	Saint Lucia	United States Virgin Islands
Bahamas	Dominica	Italy	Samoa	United States of America
Barbados	Fiji	Jamaica	Slovakia	Wallis & Futuna Islands
Belgium	Finland	Luxembourg	Slovenia	
British Virgin Islands	France	Malta	Spain	

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU ARE REQUIRED TO PROVIDE DOCUMENTATION OF FURTHER TESTING AND EVALUATION BY A HEALTH CARE PROVIDER AT LEAST 2 WEEKS PRIOR TO ATTENDING CLASSES.**

1. You will be **required to undergo a TB blood test** instead of a TB skin test, if you:
  - Were born in a country not on the above list.
  - Have **received the BCG vaccination.**
2. If you have had a **past positive TB test**, you will need to present documentation of a chest x-ray within the last year or obtain one through a healthcare provider and have results submitted and documented **at least two weeks prior to attending classes.**
3. If you have received prior treatment for active TB disease, you will need to provide proper documentation of such treatment **at least two weeks prior to attending classes.**

**All tests can be obtained at the Student Health Center, LL045 Memorial Union, 600 Park Street, Hays, KS 67601 or by your local health care provider.**

**To the best of my knowledge, the information provided above is true and complete. Any student who is not in compliance with the requirements shall not be attending classes or eligible to enroll for a subsequent semester or term or to obtain an official academic transcript or diploma until the student is compliant per Kansas Statute KSA 2009 Supp. 65-129.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If a student is under the age of eighteen (18), signature of a parent or legal guardian:

**Parent or legal guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_