



TUBERCULOSIS SCREENING QUESTIONNAIRE

(To be completed by **ALL** first time, on-campus enrollees before attending classes at Fort Hays State University)

Name:

Last Name (Please print)

First Name (Please print)

Date of Birth (MM/DD/YYYY)

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 this Tuberculosis Screening Questionnaire, per Kansas Statute KSA 2009 Supp. 65-129 to aid in prevention and control of tuberculosis.
- **Any student not in compliance with this requirement shall not attend classes or be eligible to enroll for a subsequent semester or term or to obtain an official academic transcript or diploma until the student is compliant.**
- For additional information on tuberculosis: www.cdc.gov/tb/

PLEASE CIRCLE YES OR NO TO ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever had a positive tuberculosis test? **YES** **NO**
2. Have you been vaccinated with the BCG vaccine to prevent tuberculosis? (BCG is not given in the United States)..... **YES** **NO**
3. Have you had close or regular contact with anyone who is/was sick with tuberculosis? **YES** **NO**
4. Were you born outside the United States? (If "YES", Country of birth) **YES** **NO**
5. Have you ever spent more than 3 consecutive months outside the United States? **YES** **NO**
(If "YES", List the country/countries)

To the best of my knowledge, my answers are true and complete.

Student Signature _____

Date _____

Return this form to the Health and Wellness Services prior to attending classes. Fax: (785) 628-4089
Email: healthcenter@fhsu.edu Regular Mail: Health and Wellness, 600 Park Street-CSS-301, Hays, Kansas, 67601.

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS YOU MAY BE REQUIRED TO HAVE FURTHER TESTING OR PROVIDE APPROPRIATE DOCUMENTATION OF PAST TESTING PRIOR TO ATTENDING CLASSES.

1. You must have a TB blood test if you have received the BCG vaccine or were born in, or spent more than 3 months in, a country not on the list below.
2. If you have had a positive TB test, you must present documentation of a chest x-ray within the last 12 months from a healthcare provider in the United States before you attend any classes.
3. If you have received prior treatment for active TB disease, you will must provide documentation of such treatment before you attend any classes.

Tuberculosis testing is available at the Health and Wellness Services or from the US healthcare provider of your choice.
FHSU Health and Wellness Services – 700 College Drive, CSS - 301 Phone: 785-628-4401

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

Albania
American Samoa
Andorra
Antigua & Barbuda
Australia
Austria
Bahamas
Barbados
Belgium

Canada
Chile
Costa Rica
Cyprus
Czech Republic
Denmark
Dominica
Fiji
Finland
British Virgin Islands

Germany
Greece
Grenada
Hungary
Iceland
Ireland
Italy
Jamaica
Luxembourg
France

Malta
Nauru
Netherlands
New Zealand
Norway
Saint Kitts & Nevis
Saint Lucia
Samoa
Slovakia

Spain
Sweden
Switzerland
Turks & Caicos Islands
United Kingdom of Great Britain & North Ireland
United States Virgin Islands
United States of America
Wallis & Futuna Islands
Slovenia

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