

Kansas Wesleyan University

Tuberculosis (TB) Screening Questionnaire for New and International Students

Name: _____ Student ID #: _____ Phone Number: (____) _____ - _____

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.
- Kansas Wesleyan University (KWU) requires ALL students to complete a Tuberculosis Screening Questionnaire, per Kansas Statute #65-129e.
- Return to KWU’s Student Development Office, located on the first floor of Pioneer Hall room 185, fax with ATTN: Student Name, TB Screening Questionnaire to (785) 827-0927, or mail to Student Development at 100 E. Claflin Ave. Box #30, Salina, KS 67401.

Please complete the following questions by circling Yes or No*:

1. Have you ever had a positive TB test?	Yes	No
2. Have you ever had the European childhood BCG vaccine which is given to prevent TB?	Yes	No
3. Have you ever had close contact with someone who was sick with TB?	Yes	No
4. Were you born in a country other than those listed below?	Yes	No
5. Have you ever traveled to and/or resided in a country for more than three months which is not listed below? If yes, please write the country or countries in the blank: _____	Yes	No

*** If the answer is Yes to any of the questions above, KWU requires evaluation by a health care provider.**

List of Exempt/Low Incidence/TB Countries**

(as defined by the Department of Health and Environment)

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

**** Students from countries other than those listed above are required to have a TB test.**

I understand further testing may be required before attending class at KWU. If testing is required, I will be responsible for the cost. The information provided in this form is correct, to the best of my knowledge.

Student Name (Print): _____

Student Signature: _____

Date: ____ / ____ / ____