

## Tuberculosis Screening Questionnaire To be completed by all students before class attendance at WSUTech

Name_					
	Last Name	First Name	Student ID	Phone Number	
About t	his form:				
•	<ul> <li>aid in prevention and control of Tuberculosis as required by State of Kansas Department of Health and Environment.</li> <li>Return this form to WSU Tech's admissions office prior to attending classes. Email <u>admissions@wsutech.edu</u></li> </ul>				
Please answer Yes or NO to the Following Questions:					
1. 2. 3. 4.	Have you ever had a tuberculos Have you been in contact with a Were you born in a country not Have you ever spent more thar	anyone who was sick with tub on the list below? (Country o	erculosis (TB) in the last 3 m f Birth)		

## List of Exempt Countries with Low Incidence of TB Defined by the Kansas Department of Health and Environment British Virgin Islands Finland Albania Jamaica Saint Lucia United Kingdom United States Virgin Islands American Samoa Chile France Luxembourg Samoa United States of America Andora Costa Rica Germany Malta Slovakia Antigua & Barbuda Cyprus Greece Nauru Slovenia Wallis and Futuna Islands Australia Czech Republic Hungary Netherlands Spain Iceland Bahamas Denmark New Zealand Sweden Barbados Dominica Ireland Norway Switzerland Saint Kitts & Nevis Turks & Caicos Belgium Fiji Italy

## If you answered yes to any of the above questions, you are required to provide documentation of further testing and evaluation by a healthcare provider before enrollment at WSU Tech

- 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 had a past positive TB test, you will need to go to a healthcare provider for signs/symptoms check and complete any testing required. You will need to present documentation to enroll
- 3. If you have received prior treatment for any TB disease, you will need to provide proper documentation of treatment protocol and completion. (Can be obtained from the physician providing care). Submit prior to enrollment.

All tests can be obtained at the County Health Department or your local health care provider before the first day of class.

## If none of the above applies, please sign below and return to Student Services.

Student	Signature_
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Date\_

To the best of my knowledge, the information provided is true and complete. I am aware that deliberate misrepresentation may jeopardize my health and enrollment status.