



TUBERCULOSIS SCREENING QUESTIONNAIRE
(To be completed by all students before class attendance at Garden City Community College)

Name: _____

PLEASE PRINT: Last Name/First Name & MI _____

DOB: (mm/dd/year) _____

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, sneezes, laughs or sings and the bacteria is inhaled by someone nearby.
- Garden City Community College requires **ALL** students to complete a Tuberculosis Screening Questionnaire, per Kansas Statute KSA 2009 Supp. 65-129 to aid in prevention and control of Tuberculosis as required by State of Kansas Department of Health & Environment.
- **If further testing is indicated, the process could be lengthy. Begin the process ASAP to avoid being unable to enroll in your preferred classes. For additional information on TB: 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**
(This vaccine is usually given in countries of High Incidence for TB.)
3. Have you been in contact with anyone who was sick with tuberculosis (TB) in the last 3 months? **YES** **NO**
4. Were you born in a country **not** on the list below? (Country of birth) **YES** **NO**
(If you were born in the United States, the answer is 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	Spain
American Samoa	Chile	Greece	Netherlands	Sweden
Andorra	Costa Rica	Grenada	New Zealand	Switzerland
Antigua & Barbuda	Cyprus	Hungary	Norway	Turks & Caicos Islands
Australia	Czech Republic	Iceland	Saint Kitts & Nevis	United Kingdom of Great
Austria	Denmark	Ireland	Saint Lucia	Britain & North Ireland
Bahamas	Dominica	Italy	Samoa	United States Virgin Islands
Barbados	Fiji	Jamaica	Slovakia	United States of America
Belgium	Finland	Luxembourg	Slovenia	Wallis & Futuna Islands
British Virgin Islands	France	Malta		

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU ARE REQUIRED TO PROVIDE DOCUMENTATION OF TESTING AND EVALUATION BY A HEALTH CARE PROVIDER BEFORE ENROLLMENT OF CLASSES AT GCCC. (See GCCC Certificate of Health form)

1. You will be required to undergo a Tuberculosis skin **or** blood test. (Documentation of a **negative** TB test obtained in the United States in the past year will be accepted at GCCC. Proper documentation will include a copy of the (mantoux/PPD) skin test with results documented in millimeters, signed and dated by health care provider and attached to the Certificate of Health form.)
2. If you have a **past positive TB test with history of latent infection**, you will need to present documentation (written Interpretation of your last chest x-ray obtained in the United States **AND** copies of all medical and treatment outcomes to GCCC Student Health Services. You will be required to complete a yearly signs/symptoms review at GCCC Student Health Services, while enrolled at GCCC, with a referral for chest x-ray if indicated.
3. If you have a history of **active TB disease**, you will be required to submit previous treatment and outcome medical records, signed and documented by your health care provider to GCCC Student Health Services. This will include the written interpretation of a chest x-ray received in the United States. You will also be required to complete yearly signs/symptoms review at GCCC Student Health Services while enrolled at GCCC, with referral for a chest x-ray, if indicated.

If none of the above applies, please sign below and return to the Registrar for enrollment at GCCC.

To the best of my knowledge, the information provided above is accurate and complete. I am aware that **misrepresentation of information** could result in dismissal from GCCC and may jeopardize my health. I agree to comply with any and all requirements relating to Kansas Statute KSA 2009, Supp. 65-129.

By signing this form, I agree for communication to occur between GCCC and other health care personnel related to my medical care regarding TB Risk Assessment and its requirements for enrollment.

Student Signature _____ **Date** _____