

Tuberculosis Screening Questionnaire

To be completed by all students before enrolling at Flint Hill Technical College. Type or print legibly.

Full Name: _____
Last First Middle JR., etc.

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.
- Flint Hills Technical 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.
- **Return this form to the FHTC's Student Services Office** prior to enrolling in classes. Fax: 620-343-4610. Phone: 800-711-6947 or e-mail lkirmer@fhct.edu.
- **If further testing is indicated, the process could take up to 4 weeks to complete.**
- For additional information on TB: www.cdc.gov/tb/publications/factsheets/default.htm

Please check yes or no to the following questions:

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|--|-----|----|
| 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 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 |
| 5. Have you ever spent more than 3 months in a country not on the list below? (List country) | YES | NO |

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 Britain & North Ireland
Australia	Czech Republic	Iceland	Saint Kitts & Nevis	United States Virgin Islands
Austria	Denmark	Ireland	Saint Lucia	United States of America
Bahamas	Dominica	Italy	Samoa	Wallis & Futuna Islands
Barbados	Fiji	Jamaica	Slovakia	
Belgium	Finland	Luxembourg	Slovenia	
British Virgin Islands	France	Malta Spain		

IF you answered yes to any of the above questions, you are required to prove documentation of further testing and evaluation by a health care provider before enrollment of classes at FHTC.

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 go to a healthcare provider for a signs/symptoms check and complete any testing required. You will need to present documentation of such 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.

To the best of my knowledge, the information provided above is true and complete. I am aware that deliberate misrepresentation may jeopardize my health and enrollment status. 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 _____
 By checking this box you have created an electronic signature as legally binding as your hand-written signature.

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

Parent or Legal Guardian's Signature _____ Date _____
 By checking this box you have created an electronic signature as legally binding as your hand-written signature.