

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

Barton Community College requires all students enrolled and entering classrooms to complete a tuberculin screening questionnaire with their initial Admissions Application or enrollment, in compliance with Kansas Statute KSA 2009 Supp 65-129.

PLEASE PRINT

NAME _____ /DATE _____
LAST FIRST

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____ /DATE OF BIRTH _____

Student Phone Number (where student can be reached) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS (CIRCLE CORRECT ANSWER)

1. Have you ever had a positive result on a tuberculosis test? (Skin test, blood test, chest x-ray)	YES	NO
2. Have you ever had close contact with anyone who was sick with TB?	YES	NO
3. Were you born in a country NOT listed below? If you were born in the United States the answer is no. (Name of birth country _____)	YES	NO
4. Have you ever traveled and spent over 3 months in a country NOT listed below? (If yes, please list countries traveled and time spent there) _____	YES	NO
5. Have you ever been vaccinated with BCG (vaccine given in foreign countries to prevent Tuberculosis)?	YES	NO

LIST OF EXEMPT—LOW INCIDENCE—TB COUNTRIES

Birth or travel in any country NOT listed below requires a Yes answer to the above questions.

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

If the answers to the above questions are “NO”---no further testing or action is required.

If the answer is “YES” to ANY of the above questions, it is your responsibility to complete the following:

1. **Receive a completed Tuberculosis Risk Assessment which includes TB testing.**
2. **The TB Risk Assessment may be obtained at BCC Student Health, local Health Departments or physician/health clinics.**
 - **The assessment form utilized may be downloaded from Student Health.**
 - **Military personnel and military family members will use the DoD Immunization Record to document the results of the testing and outcome of positive results.)**

A hold will be placed on your attendance to all classes until the signed risk assessment has been provided. Return the Risk Assessment form to Student Health or Fort Riley Admissions prior to start of classes .