

DC3 Residence Life Office 2501 North 14th Avenue Dodge City, KS 67801 Res Life Email: reslife@dc3.edu

Res Life Phone: (620) 227-9304



TUBERCULOSIS SCREENING QUESTIONNAIRE

This form must be completed prior to a resident moving on campus

J	T T	uchi moving on campu	~		
TUBERCULOSIS SCREENING QUESTIONNAIRE					
Name:		First Name & MI	Student ID	Phone Number	
someone infected wit Dodge City Communi 129e to aid in preven Return this form to Students living on ca If further testing is i being dropped from	h the disease coughs or sn ity College requires ALL str tion and control of Tubercu the DCCC Records Office p mpus will return this forn ndicated, the process cou your classes.	eezes and the bacteria is inhudents to complete a Tuberculosis as required by State of Indirect to attending classes. Fainto DCCC Residential Life	ulosis Ścreening Questionnaire, Kansas Department of Health & IX: 620-227-9350. Phone: 620-2: Office, 2501 N 14 th Ave, Dodge Omplete. DO NOT WAIT UNTIL	per Kansas Statute K.S.A. 65- Environment. 27-9272 or 620-227-9318.	
	R NO TO THE FOLLOWING berculosis (TB) test that was			YES NO	
2. Have you ever received the BCG vaccine which is given outside the United States, to prevent tuberculosis (TB)?					
3. Have you ever 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?					
Please list the co	ountry				
		EXEMPT COUNTRIES WITH by the Kansas Department			
Albania American Samoa Andora Antigua & Barbuda Australia Austria Bahamas Barbados Belgium British Virgin Islands	Canada Chile Costa Rica Cyprus Czech Republic Denmark Dominica Fiji Finland France	Germany Greece Grenada Hungary Iceland Ireland Italy Jamaica Luxembourg	Nauru Netherlands New Zealand Norway Saint Kitts & Nevis Saint Lucia Samoa Slovakia Slovenia Spain	Sweden Switzerland Turks & Caicos Islands United Kingdom of Great Britain & North Ireland United States Virgin Islands United States of America Wallis & Futuna Islands	
1. You will be required to Were born in an Have received 2. If you have had a pocomplete any testing 3. If you have receive and completion. (C	o undergo a TB blood test country not on the above list the BCG vaccination. The required. You will need a prior treatment for any and be obtained from the ed at the Ford County H	t instead of a TB skin test, if st. bu will need to go to a head to present documentation of the disease, you will need physician providing care) ealth Department or your	lthcare provider for a signs/s	symptoms check and station of treatment protocol efore the first day of class.	

If none of the above applies, please sign below and return to the above mentioned appropriate department.

Student Signature	Date			
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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.

Failure to submit the required forms in a timely fashion may result in being dropped from pre-registered classes, prohibited from attending classes, and/or prohibited from enrolling, graduating and receiving your academic transcripts.