

## International Student Tuberculosis (TB) Screening

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Student ID \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Country \_\_\_\_\_

**Check Yes or No:** Please read carefully. Failure to complete as instructed could result in semester registration/enrollment delays.

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been <b>outside</b> of the U.S. for <b>90 days or more since your last TB Test?</b> If yes, please provide <b>Dates</b> _____ <b>Where</b> _____
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had contact with a person known to have active tuberculosis?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any of the following signs or symptoms: coughing up blood, chest pain, loss of appetite, unexplained fever or chills, persistent cough (3 weeks or longer), fatigue, severe illness, respiratory difficulty, or night sweats?

**If question 1-3 are marked yes student MUST be seen in College Health Services BEFORE being enrolled.**

### TB Test Screening

Call College Health Services at 316-218-6282 or 316-322-3371 or email (collegehealth@butlercc.edu) to schedule an appointment for screening.

OR

**Provide documentation of TB screening** (PPD Mantoux skin test read and documented in millimeters of induration or Quantiferon Gold blood test results) done in the U.S. within since return to U.S.

OR

**Provide documentation of prior treatment of active TB disease.**

Signature \_\_\_\_\_ Date \_\_\_\_\_