

PART II -- HESSTON COLLEGE – Tuberculosis Screening Form

NAME (Please Print): _____

CONTACT #: (_____) _____ - _____

ADDRESS: _____

DATE OF BIRTH: ____/____/____

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Have you ever had a positive TB skin test? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Have you lived with, or had close contact with anyone who was sick with Tuberculosis? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Were you born, or have you traveled or lived three (3) consecutive months in any country considered to have high incidence of tuberculosis? (Refer to list of countries below) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Are you currently experiencing signs or symptoms of active tuberculosis? (a persistent bad cough; chest pain; coughing up blood/sputum; weakness or fatigue; weight loss; no appetite; chills; fever; night sweats) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

SIGNATURE: _____

DATE: ____/____/____

List of Countries with High Incidence of Tuberculosis

**Please indicate your home country or those you traveled or lived for three (3) consecutive months by circling below: **

- | | | | | |
|----------------------|--------------------|------------------|---------------------|-------------------------|
| Afghanistan | Congo DR | Kenya | New Caledonia | Sri Lanka |
| Algeria | Cote d'Ivoire | Kiribati | Nicaragua | Sudan |
| Angola | Croatia | Korea-DPR | Niger | Suriname |
| Anguilla | Djibouti | Korea-Republic | Nigeria | Syrian Arab Republic |
| Argentina | Dominican Republic | Kuwait | Niue | Swaziland |
| Armenia | Ecuador | Kyrgyzstan | N. Mariana Islands | Taiwan |
| Azerbaijan | Egypt | Lao PDR | Pakistan | Tajikistan |
| Bahamas | El Salvador | Latvia | Palau | Tanzania-UR |
| Bahrain | Equatorial Guinea | Lesotho | Panama | Thailand |
| Bangladesh | Eritrea | Liberia | Papua New Guinea | Timor-Leste |
| Belarus | Estonia | Lithuania | Paraguay | Togo |
| Belize | Ethiopia | Macedonia-TFYR | Peru | Tokelau |
| Benin | Fiji | Madagascar | Philippines | Tonga |
| Bhutan | French Polynesia | Malawi | Poland | Tunisia |
| Bolivia | Gabon | Malaysia | Portugal | Turkey |
| Bosnia & Herzegovina | Gambia | Maldives | Qatar | Turkmenistan |
| Botswana | Georgia | Mali | Romania | Tuvalu |
| Brazil | Ghana | Marshall Islands | Russian Federation | Uganda |
| Brunei Darussalam | Guam | Mauritania | Rwanda | Ukraine |
| Bulgaria | Guatemala | Mauritius | St. Vincent & | Uruguay |
| Burkina Faso | Guinea | Mexico | The Grenadines | Uzbekistan |
| Burundi | Guinea-Bissau | Micronesia | Sao Tome & Principe | Vanuatu |
| Cambodia | Guyana | Moldova-Rep. | Saudi Arabia | Venezuela |
| Cameroon | Haiti | Mongolia | Senegal | Viet Nam |
| Cape Verde | Honduras | Montenegro | Seychelles | Wallis & Futuna Islands |
| Central African Rep. | India | Morocco | Sierra Leone | W. Bank & Gaza Strip |
| Chad | Indonesia | Mozambique | Singapore | Yemen |
| China | Iran | Myanmar | Solomon Islands | Zambia |
| Colombia | Iraq | Namibia | Somalia | Zimbabwe |
| Comoros | Japan | Nauru | South Africa | |
| Congo | Kazakhstan | Nepal | Spain | Other: _____ |

If the answer is **YES** to any of the above screening questions, Hesston College requires that students complete a tuberculosis test (Mantoux) completed by a physician or healthcare facility.

If the answer is **NO** to all of the above questions, no further assessment is required.

Mail this signed form to:

Hesston College, Student Life Office, 325 S. College Dr., Hesston, KS 67062; Or Fax to: 620-327-8225

PART II -- HESSTON COLLEGE -- *Immunization History* -- (2015-2016)

Student Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

The following immunizations are required by Hesston College and sanctioned by the Kansas Department of Health & Environment that all students prove that they have received certain immunizations before they live in the dorm and attend classes. In order to comply with regulations, we must require that you and your healthcare provider complete and must sign the bottom of this form unless you attach copies of all immunizations/tests.

IMMUNIZATION	POLICY GUIDELINES	DATE GIVEN	REPORT OR COMMENT
Tuberculin Skin Test MAY BE REQUIRED PENDING RESULTS OF TB SCREENING	TB Skin Test Screening form is required: (see attached form) IF NEEDED: <ul style="list-style-type: none"> ▪ It must be a <u>mantoux</u> test (not a tine test) ▪ This test must have occurred since September 1, 2014. 	IF NEEDED: Date of Test: _____ Did you have the Bacille Calmette Gerin (BCG) Vaccine as a child? Yes___ No___ Date _____	Screening Form Received _____ Yes (Complete) _____ Needs Follow-up IF NEEDED: Result of TB Skin Test: _____ mm induration Circle: Negative / Positive
Chest X-Ray (not needed if student tested negative in skin tests noted above)	Chest x-ray needed <u>only if student tests positive</u> on mantoux skin test. After reviewing results of chest x-ray and recommendations, follow-up treatment may be required.	If positive skin test, give date of chest x-ray: _____ Results of x-ray: _____	ALSO: Attach copies of x-ray interpretation, follow-up recommendations, and treatment from health care provider.
MMR: -Measles -Mumps -Rubella REQUIRED OF ALL	Two MMR vaccines are required of all students. <u>Exception:</u> No verification is required of students born before 1957. If immunization record is incomplete, the student may choose to obtain proof of immunity through titer testing for all 3 diseases (document in column at far right or attach titer lab results). If titers show that student is not immune, student will need to receive 2 MMRs.	MMR #1 (date) _____ MMR #2 (date) _____	Alternative: Give dates and results of all 3 titers: Measles Titer: Date _____ Immune? Yes___ No___ Mumps Titer: Date _____ Immune? Yes___ No___ Rubella Titer: Date _____ Immune? Yes___ No___
TDAP: -Tetanus Toxoid -Diphtheria -Pertussis REQUIRED OF ALL	One booster dose of Tdap is required within the last 10 years. This may appear as Adacel or Boostrix on the immunization record.	One booster dose of Tdap in last 10 years: (date) _____	No alternative available.
Meningococcal Vaccine REQUIRED OF DORM STUDENTS ONLY!	All college freshmen <u>living in the dormitory</u> are <u>required</u> to receive the Meningococcal vaccine. Students living off-campus are exempt.	Meningococcal Vaccine (date): _____	No alternative available.
Chicken Pox (Varicella) RECOMMENDED FOR ALL (not required)	It is <u>recommended</u> that each student show either a positive history of chicken pox disease <u>or</u> completion of the two-vaccine series for varicella. If unsure, a titer may be done to show immunity status.	Student has had chicken pox disease: Yes ___ No ___ Or: Varicella #1 (date) _____ Varicella #2 (date) _____	Alternative: (not required) Varicella Titer: Date _____ Immune? Yes___ No___

I have validated the above immunizations & attached necessary evidence or follow-up recommendations.

Signature of Health Care Provider

Date of Signature

Health Care Agency & Phone #

RETURN THIS FORM TO:
 (Student Life Office, Hesston College, Box 3000, Hesston, KS 67062; or Fax To: 620-327-8225.)