

# Tuberculosis (TB) Screening Questionnaire



OFFICE OF STUDENT DEVELOPMENT  
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I am:  a New Student  a new International Student

I am a Permanent Resident in the U.S.A.  Yes  No

\_\_\_\_\_  
Last Name(s)/Surname(s)

\_\_\_\_\_  
First Name(s)/Given name(s)

\_\_\_\_\_  
Country or countries of Citizenship

\_\_\_\_\_  
Bethany College ID-number

\_\_\_\_\_  
Country of Birth (if other than the U.S.A.)

\_\_\_\_\_  
Home Country/Country of Residency (if other than the U.S.A.)

**About this Form:**

- Tuberculosis, also known as TB, is an airborne, 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.
- Bethany College requires **ALL NEW** students to complete a tuberculosis screening questionnaire, per Kansas Statute #65-129e.
- If you have questions you may contact the Campus Nurse at [healthservices@bethanylb.edu](mailto:healthservices@bethanylb.edu) for more information about TB. You can also visit <http://www.cdc.gov/tb/topic/basics/default.htm>.

**Please mark if you are having any of these symptoms right now:**

**I have none of the symptoms below**

- |  |   |
|--|---|
| <input type="checkbox"/> Pain in the chest   | <input type="checkbox"/> Productive cough (lasting longer than 3 weeks); Date of onset ____/____/____ |
| <input type="checkbox"/> Coughing up blood   | <input type="checkbox"/> Weight loss/loss of appetite   |
| <input type="checkbox"/> Swollen lymph nodes | <input type="checkbox"/> Fatigue (severe)   |
| <input type="checkbox"/> Fever (recurrent)   | <input type="checkbox"/> Shortness of breath  |
| <input type="checkbox"/> Night sweats        | <input type="checkbox"/> Blood in urine   |

**Complete the following questions by answering Yes or No:**

1. Have you ever had a positive TB test? .....  Yes  No
2. Have you ever had the BCG vaccine, which is given to prevent TB? (BCG vaccine not given in the U.S.).....  Yes  No
3. Have you ever had close contact with someone who was sick with TB? .....  Yes  No
4. Have you ever traveled or resided outside the U.S. for 3 months or more? .....  Yes  No

If yes, please write the country or countries as well as the dates and length of each visit below:

\_\_\_\_\_  
Countries

\_\_\_\_\_  
Dates

I understand that further testing may be required before attending class at Bethany College. If testing is required I will be responsible for the cost of testing, temporary off-campus housing, and meals. The information provided on this form is correct to the best of my knowledge.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_