COTTEY COLLEGE
Tuberculosis (TB) Screening Form

Name __________________________________________

Before your arrival on campus, please complete the following TB screening and return to Cottey College Health Services by mail at 1000 W. Austin, Nevada, MO 64772, scan and e-mail to swest@cottey.edu, or fax to (417) 448-1020.

A. Check any that apply:

_____ Traveled to or have lived outside of the United States over the summer.

_____ Have recently been diagnosed with a chronic medical condition that may impair your immune system.

_____ Worked or volunteered in a health care setting, correctional facility, or homeless shelter over the summer.

_____ Contact with a person known to have active tuberculosis.

_____ Completed medication therapy for Latent Tuberculosis*.

*A chest x-ray is required after medication therapy only if one of the other criteria is met. No tuberculin skin test should be placed.

_____ None of the above apply. Please sign and return this form to Cottey Health Services.

Domestic Students: If you meet one or more of the criteria listed above, you are required to have a tuberculin skin test administered after August 1 and before your arrival at Cottey, with results sent to Cottey Health Services.

International Students: If you meet one or more of the criteria listed above, you are required to have a chest x-ray after August 1 and before your arrival at Cottey, with the written report (results) sent to Cottey Health Services. You will also be scheduled for a QuantiFERON blood draw at Cottey. The fee is added to your Business Office statement you receive over the summer.

B. Tuberculosis Disease Symptoms. If you meet one or more of the criteria listed above, please check any symptoms below that apply:

_____ Chest pain  _____ Coughing up blood  _____ Chills  _____ Productive cough (coughing something up)

_____ Unexplained fever  _____ Loss of appetite  _____ Weakness  _____ Respiratory difficulty (shortness of breath)

_____ Night sweats  _____ Cough > 3 weeks  _____ Fatigue  _____ Unexplained weight loss

C. If you did not check any items in A., but have checked any of the above items in B., you are required to see your family physician before your return to Cottey campus and send documentation to Cottey College Health Services.

Signature __________________________________________   Date _________________