

COTTEY COLLEGE
Tuberculosis (TB) Screening

Name _____

Date _____

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 or by fax, (417) 448-1020.

A. Check any that apply:

- Traveled to or have lived for two months or more outside of the United States.
- Have 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.
- Contact with a person known to have active tuberculosis.
- Have taken INH (Isoniazid) Medication Therapy.
- None of the above apply. Please sign and return this form to Cottey Health Services.

If any of the above apply, a Tuberculin Skin Test is required. Chest x-rays will be required for anyone with a positive TB Skin Test.

OR,

Provide documentation of a TB Skin Test done in the U.S. within the past 6 months (PPD Mantoux skin test read and documented in millimeters of induration). A negative chest x-ray is not a substitute for a TB skin test.

OR,

Provide documentation of prior treatment of active TB disease or treatment for Latent Tuberculosis Infection (LTBI).

B. Tuberculosis Disease Symptoms. Check any that apply:

- | | | | |
|--|--|-----------------------------------|---|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Coughing up blood | <input type="checkbox"/> Chills | <input type="checkbox"/> Productive cough (coughing something up) |
| <input type="checkbox"/> Unexplained fever | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Weakness | <input type="checkbox"/> Respiratory difficulty (shortness of breath) |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Cough > 3 weeks | <input type="checkbox"/> Fatigue | <input type="checkbox"/> 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 _____