HEALTH & WELLNESS SERVICES

INSTRUCTIONS FOR COMPLETING THE REQUIRED MEDICAL FORMS FOR:
U.S. CITIZENS 18 YEARS OF AGE OR OLDER AT THE TIME THE FORMS ARE COMPLETED.

THIS REQUIREMENT MUST BE COMPLETED WHETHER:
YOU **DO OR DO NOT** PLAN TO USE HEALTH CARE SERVICES OFFERED AT THE
HEALTH AND WELLENSS CENTER ON CAMPUS
YOU LIVE **ON OR OFF** CAMPUS
A PHYSICAL IS **NOT** REQUIRED

Failure to complete this requirement prior to the start of the semester will result in your
inability to register for future classes.

1. **Consent for Treatment**
   - This form must be completed in order to receive healthcare services in the campus clinic.

2. **Health History**
   - This form must be completed online prior to receiving healthcare services in the campus clinic.

3. **Immunizations** – KU strongly recommends vaccines but they are not required.
   - You can obtain information from your family physician or high school as a resource to enter your immunization dates.
   - **Do not send a paper copy to us.**
   - **If you have vaccine dates to submit, you must enter them online. We cannot enter this information for you.**

4. **Health Insurance**
   - Students who do have health insurance must complete the online form.
   - We also recommend that students carry an insurance ID card in case of an emergency.

5. **Notice of Privacy Practices (HIPAA)**
   - This form needs to be completed in order to receive healthcare services in the campus clinic.

6. **Options for Meningitis Compliance** – All students living on campus must complete this form.
   - You must be 18 years of age or older to complete the on-line form.
   - **Students will experience a delay in moving into their campus residence if they have not completed this form prior to their arrival.**

7. **TB Screening Questionnaire** – You must complete PART 1 of this form online.
   - If you answer **YES to any** of the questions on PART 1 of the online form, you must take the attached hard copy (Parts 1, 2, & 3) of the TB Screening Questionnaire to your physician to be completed.

**FORMS MUST BE COMPLETED PRIOR TO THE START OF YOUR FIRST SEMESTER**

**IF YOU HAVE ANY QUESTIONS CALL 610-683-4082 OPTION 2 & OPTION 2**

**IMPORTANT**

- This information is for the Health and Wellness Center only.
- We do not share your information with other departments on campus.
- Depending on your major or if you are an athlete, you may be asked to submit medical information to additional departments.
TB SCREENING QUESTIONNAIRE
YOU MUST COMPLETE PART 1 OF THIS FORM ONLINE

STUDENT NAME______________________________________ KU ID_________________ DATE_____________________

PART 1

Please answer the following questions:

1. Have you ever had close contact with anyone who was sick with TB? □ Yes □ No
2. Have you had frequent or prolonged visits to one or more of the countries listed below in the last 5 years? If yes, please circle the country/countries. □ Yes □ No
3. Have you been a resident, employee, volunteer or health-care worker in one of the following facilities: correctional facility, long-term care facility or homeless shelter or have you ever been a member of one of the following groups: medically underserved, low-income or abusing drugs or alcohol? □ Yes □ No
4. Were you born in one of the countries listed below? If yes, please circle the country. □ Yes □ No

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS ON THE ONLINE FORM YOU MUST HAVE YOUR PHYSICIAN COMPLETE PARTS 2 & 3 ON THIS PAPER FORM SUBMIT PARTS 1, 2 & 3 TO THE ADDRESS OR FAX LISTED BELOW.

FAX THE COMPLETED QUESTIONNAIRE TO 610-683-4635 OR MAIL TO HEALTH AND WELLNESS CENTER, PO BOX 730, KUTZTOWN, PA 19530

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below)  
Yes____ No ____

History of BCG vaccination? (If yes, consider IGRA if possible.)  
Yes____ No ____

1. TB Symptom Check  
Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes_____ No _____
If No, proceed to 2 or 3
If yes, check below:

☐ Cough (especially if lasting for 3 weeks or longer) with or without sputum production
☐ Coughing up blood (hemoptysis)
☐ Chest pain
☐ Loss of appetite
☐ Unexplained weight loss
☐ Night sweats
☐ Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)  
(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: _____/____/____ Date Read: _____/____/____
M D Y M D Y

Result: _________ mm of induration **Interpretation: positive_____ negative_____  

Date Given: _____/____/____ Date Read: _____/____/____
M D Y M D Y

Result: _________ mm of induration **Interpretation: positive_____ negative_____

**Interpretation guidelines

>5 mm is positive:
Recent close contacts of an individual with infectious TB  
Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease  
Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)  
HIV-infected persons  

>10 mm is positive:
Recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time  
Injection drug users  
Mycobacteriology laboratory personnel  
Residents, employees, or volunteers in high-risk congregate settings  
Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive:
Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.
3. Interferon Gamma Release Assay (IGRA)

Date Obtained: __/__/__(specify method) QFT-GIT T-Spot other 
____M __ D __ Y

Result: negative____ positive____ indeterminate____ borderline____(T-Spot only)

Date Obtained: __/__/__ (specify method) QFT-GIT T-Spot other____
____M __ D __ Y

Result: negative____ positive____ indeterminate____ borderline____(T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: __/__/__ Result: normal____ abnormal
____M __ D __ Y

PART 3 - Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunoileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

**Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

______Student agrees to receive treatment

______Student declines treatment at this time

_________________________________________  ____________________________
Health Care Professional Signature  Date

TBQuestionnaire
Rev. 05/2017