



## Tuberculosis (TB) Screening Questionnaire

Students must complete a screening questionnaire to identify those at high risk for tuberculosis (TB). Please complete the questionnaire below and submit the form in one the following ways:

1. Upload this form to [MyKCAI](#). Remember you must login to view this information.

OR

2. Fax to 816-756-5419

OR

3. Email to [disabilityservices@kcai.edu](mailto:disabilityservices@kcai.edu)

For further information or referrals for local health agencies and/or hospitals for testing, please call 816-802-3440 or call your local medical provider/hospital.

Please read each option below carefully and check ALL that apply.

\_\_\_\_\_ Lived for 2 or more months in Asia, Africa, Central or South America, or Eastern Europe

\_\_\_\_\_ Born in Asia, Africa, Central or South America, or Eastern Europe

\_\_\_\_\_ Been a healthcare worker

\_\_\_\_\_ Volunteered or worked in a nursing home, prison, or other residential institution

\_\_\_\_\_ Had contact with a person known to have active Tuberculosis

OR

\_\_\_\_\_ None of these apply to me

Students are identified as high risk if checking one or more of the five risk factors above. **Students at high risk will be contacted by KCAI Disability Services and will be responsible for receiving a TB risk assessment by a healthcare provider and submitting written documentation to KCAI from the provider of the student's TB risk assessment results, including but not limited to skin, blood, or chest X-ray results. Documentation of additional assessment should be sent to [disabilityservices@kcai.edu](mailto:disabilityservices@kcai.edu).**

Please sign and date this questionnaire below to indicate you have read this form in its entirety and that you verify that the information you are providing is true and accurate to the best of your knowledge.

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Student Printed Name: \_\_\_\_\_