Kirkwood Community College
Annual TB Questionnaire

***Only Complete if you have a history of a positive TB Test***

Name ____________________________ KCC ID # ______________________ Program ______________________

These questions are used to screen for symptoms of active Tuberculosis (TB) in people who have had a previously positive TB test and negative chest x-ray. This form must be completed on an annual basis, regardless of your answers. Please complete the following questions by circling yes or no.

Have you experienced any of the following symptoms of TB in the last year?

- Frequent cough (with blood) lasting for over 2 weeks? Yes  No
- Fatigue (extremely tired)? Yes  No
- Night sweats? Yes  No
- Unexplained weight loss? Yes  No
- Fever of unknown reason? Yes  No
- Decreased appetite? Yes  No

If you answered “Yes” to any of the questions above, you need to call your Healthcare Practitioner before returning to school or work. You have symptoms of active TB, which is a highly contagious and potentially fatal disease. You need to call and schedule an appointment with your Healthcare Practitioner immediately; you will need a chest x-ray to verify your TB status. You will not be allowed to return to school, including a clinical rotation, until you have submitted a copy of a negative chest x-ray within the last 2 years to Campus Health, 132 Iowa Hall.

If you answered “No” to all of the questions above, you need to submit this form to Campus Health, 132 Iowa Hall. Please review the symptoms listed above, they are the symptoms of active TB. Active TB is a highly contagious and potentially fatal disease. If you should experience any of the symptoms above, you need to call your Healthcare Practitioner immediately.

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Your signature below indicates you have completed this form honestly and understand the symptoms of active TB listed above, the severity of the disease and the actions to take if you experience these symptoms.

Student Signature ____________________________ Date ______________________