

International Student Tuberculosis (TB) Screening Questionnaire

All documents must be submitted to Northwest Missouri State University by the following dates to receive your I-20:

Fall Trimester = August 1

Spring Trimester = December 10

Summer Trimester = April 1

Complete this form, scan it and any required documents, and email to: NORTHWESTI20@nwmissouri.edu

PERSONAL INFORMATION (Print or type)

Family Name

Given Name(s)

Date of Birth (mm/dd/yyyy)

919 Number (located on your acceptance letter)

Personal Email

To ensure the safety of the campus community, Northwest Missouri State University requires all students hailing from countries with a high-incidence rate of TB to: 1) complete this screening form; 2) submit documentation showing completed TB treatment if you answered YES to Question #1 or #2 below; and 3) complete TB testing (lab work) with University Wellness Services upon arrival. Initial here if you understand this paragraph: _____

All necessary documents must be submitted by the established deadlines (see above).

- 1. Have you ever had active TB? Yes No
- 2. Have you ever had a POSITIVE TB test? Yes No

If you answered YES to either of these questions, you must submit this form to the email address above along with documentation of completed TB treatment immediately to receive your I-20 and you will be further evaluated upon arrival to ensure you do not have TB.

If you answered NO to these questions, return this form to the email address above to receive your I-20.

NOTE: You will be tested upon arrival to ensure you do not have TB and verify your honesty on this form.

If you are currently experiencing any of these symptoms, seek medical attention immediately: Productive Cough, Bloody Sputum (Cough), Weight Loss, Night Sweats, Unusual Tiredness, Fever

Warning: Immigration law allows deportation of people with active TB from the United States.

Falsifying (lying by saying NO to questions #1 or #2 on this form if you know it is really YES or you have the symptoms listed above) WILL result in your expulsion (without refund of tuition) from Northwest Missouri State University. This will result in SEVIS file termination and resulting health care fees in excess of \$10,000.

SEVIS File (I-20) Termination may result in incarceration and eventual removal from the United States.

STUDENT SIGNATURE: By signing below, I verify that the information provided on the form is true. I assume all costs (beyond what is covered by insurance) associated with any necessary TB treatment, including an infectious disease evacuation to my home country. I understand that falsifying (lying) on this form will result in my expulsion (without refund of tuition and any cost incurred) from Northwest Missouri State University.

STUDENT SIGNATURE

DATE

PARENT /GUARDIAN SIGNATURE (IF STUDENT IS UNDER THE AGE OF 18): By signing below, I verify that the information submitted is true and I give permission for University Wellness Services, Northwest Missouri State University, to treat my son/daughter as may be necessary, and to refer to private care when special service is needed. I assume all costs (beyond what is covered by insurance) associated with any necessary TB treatment for my son/daughter, including an infectious disease evacuation to my son/daughter's home country. I understand that falsifying (lying) on this form will result in my son/daughter's expulsion (without refund of tuition and any cost incurred) from Northwest Missouri State University.

PARENT OR GUARDIAN SIGNATURE

DATE

In addition to TB Screening, all students are required to submit a completed Health History Form, and Immunization Records showing 2 doses of MMR (required for all students), and the Meningococcal Conjugate Vaccine (required for all students living on campus).