



DODGE CITY
COMMUNITY COLLEGE

DC3 Residence Life Office
2501 North 14th Avenue
Dodge City, KS 67801
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RESIDENCE LIFE CERTIFICATE OF HEALTH FORM

TO BE COMPLETED IF YOU ANSWERED YES ON QUESTIONS ON OTHER SIDE

(Student with positive TB Risk Assessment need to have completed at Ford Co. Health Dept. for clearance to enroll)

(all blanks need to be completed by student) (please print)

Last name: _____ First Name: _____ DCCC ID: _____

Email: _____ Phone number: _____ Date of birth: _____

Address: _____

Testing requirements to be fulfilled for class enrollment/attendance:

PPD (TB Skin Test) will be given to:

- Students born or have spent greater than three months in countries of high prevalence/incidence and have not had BCG vaccination

PPD: Date Planted _____ Date Read _____ Millimeters of Induration _____

Positive / Negative

IGRA (TB blood test) will be given to:

- Any student with a history of receiving the BCG vaccination
- Any student with a history of positive PPD

IGRA: Date collected _____ Results of blood test _____

Signature of health care provider administering blood test _____

If the blood test is **negative**, student will present this signed form to DCCC Registrar to complete enrollment.

If the blood test is **positive or indeterminate**, further procedures will be followed as outlined below. *

A chest x-ray will be required:

- If a student has a **positive** IGRA blood test or Mantoux Skin Test (PPD).
- If a student has history of the BCG vaccination and a positive sign/symptom check by a healthcare provider.
- If a student has evidence of a past **positive** tuberculosis skin test (PPD) and a positive sign/symptom check done by a healthcare provider.

In Ford County, if a chest x-ray is required, the Ford County Health Department will make the referral to a private provider.

*If the chest x-ray is **negative** (does not show signs of TB disease), the student will present this form to DCCC Registrar for enrollment.

If the chest x-ray is **positive** (shows signs of TB disease), the student will agree to complete any further steps, as directed by the Ford County Health Department, before enrollment at Dodge City Community College is approved.

Date of chest x-ray _____ Results of chest x-ray _____

Health Care Provider signature _____

This box is to be completed by a representative of Ford County Health Department. All appropriate steps of the process for Tuberculosis assessment and testing have been completed and the student is cleared for enrollment at Dodge City Community College.

SIGNATURE OF FORD CO. HEALTH DEPT. OFFICIAL

DATE

It is the student's responsibility to pay for all services not covered by insurance the day of services are received. This form (Certificate of Health) will serve as documentation of student compliance with testing/treatment requirements. This form will be carried by student and shown to appropriate staff at DCCC to document permission to enroll at Dodge City Community College.

As a student seeking enrollment at Dodge City Community College, to the best of my knowledge, the information provided above is true and complete. I am aware that misrepresentation of information may jeopardize my health and enrollment status. **By signing this form**, I agree to complete the Tuberculosis Risk Assessment process and cooperate in obtaining any required testing and evaluation indicated to comply with Dodge City Community College policy to enroll and maintain classroom attendance at DCCC. **By signing this form**, I agree that communication can occur between Ford County Health Department personnel and Dodge City Community College personnel involved in implementation of the TB Risk Assessment Law (Kansas Statute K.S.A. 65-129e).

Student Signature _____ Date _____