
Birth Date(MM/DD/YY)

Local Street address (ex: 4000 E.17th St., #9 Wichita, KS 67208)

Phone Number

Field of Study(i.e. nursing,educationPT etc.)_____

Every section must be completed. Please mark all that apply. If nothing applies, mark ()

Have you ever traveled outside the USA?

No Yes If yes, where? _____ For how long? _____

Have you resided in another country for more than three months?

No Yes If yes, where? _____ When? _____

Section B (Medical History and TB Risk Factors)

In the past year have you lived, worked, or volunteered in a:

healthcare facility

long term care facility

homeless shelter

mycobacteriology lab

rehabilitation center

correctional facility

None

Productive cough (lasting longer than 3 weeks); Date of onset ____ / ____ / ____