
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 (E)† x à y.¿ / H Xf

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 ___ / ___ / ___ †