

\_\_\_\_\_  
Birth Date(MM/DD/YY)

\_\_\_\_\_  
Local Street address (ex: 4000 E.17<sup>th</sup> 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  
 mycobacteriology lab

long term care facility  
 rehabilitation center

homeless shelter  
 correctional facility

None

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