Unified Government Public Health Department
619 Ann Avenue, Kansas City, KS 66101-3038
Phone (913) 573-8855
wycokck.org/health

Name: _____ **Date of Birth:** ____/____/____
Last First Middle Initial

Address: _____
Street Address Apt. # City State Zip

Home Phone: _____ **Cell:** _____ **Sex:** ☐ Male ☐ Female

Parent's Name: _____ **Parent's Cell Phone:** _____

Permission to release results to parents if student is ≥18: _____
Student Signature

Primary Language:
☐ English ☐ German
☐ Spanish ☐ Italian
☐ Arabic ☐ Portuguese
☐ Chinese ☐ Russian
☐ Korean ☐ Vietnamese
☐ French ☐ Sign
☐ Other _____

Speak/Understand English? ☐ Yes ☐ No

Race:
☐ American Indian/Alaskan Nat.
☐ Asian
☐ Black/African American
☐ Multi-racial
☐ Native Hawaiian/Pacific Islander
☐ White
☐ Other/Unknown
☐ Decline to Answer

Ethnicity:
☐ Central/South American
☐ Cuban
☐ Hispanic/Latino
☐ Non-Hispanic
☐ Mexican
☐ Puerto Rican
☐ Unknown
☐ Decline to Answer

Country of Birth: _____ **U.S. Arrival Date:** _____/_____/_____

Have you had the BCG (TB) vaccine? ☐ Yes ☐ No ☐ Unknown *(BCG is not given in the U.S.)*

Have you had a previous TB Skin Test? ☐ Yes ☐ No Date: _____/_____/_____
☐ NEGATIVE ☐ POSITIVE - Induration: _____mm

Have you traveled outside of the United States in the past year? ☐ Yes ☐ No

If yes: Destination of travel: _____ **Length of stay:** _____ **Purpose:** _____

Are you currently on steroids, chemotherapy or immune compromised? ☐ **Yes** ☐ **No**

Current Symptoms: ☐ **Productive cough (lasting more than 3 weeks)** ☐ **Night Sweats** ☐ **Chills**
☐ **None** ☐ **Fever** ☐ **Bloody Cough** ☐ **Unexplained weight loss** ☐ **Fatigue** ☐ **Blood in your urine**

I have been informed of and consent to the TB testing procedure to be performed.
(If under 18 years of age – requires signature of parent or legal guardian)

X_____ ***Date:*** _____/_____/_____

FOR CLINICAL USE ONLY:

Screener's Initials: _____

☐ **NKDA** **Allergies:** _____

Comments: _____

IGRA Barcode Number: _____ **IGRA Drawn:** _____/_____/_____ **Drawn By:** _____