

# Tuberculosis (TB) Awareness and Treatment DVD Request Form

**Please print clearly!**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Email address: \_\_\_\_\_

**Number of DVDs requested:** \_\_\_\_\_

*Organizations outside of Minnesota: limit of 2 DVDs*

*Organizations inside Minnesota: limit of 3 DVDs*

**Languages spoken by population that you serve (circle all that apply):**

English   Hmong   Khmer   Lao   Somali   Spanish   Vietnamese

**Fax completed form to:**

Beth Kingdon

TB Program

Minnesota Department of Health

Fax: 651-201-5500

Questions about this DVD should be directed to Beth Kingdon at ([Elisabeth.Kingdon@state.mn.us](mailto:Elisabeth.Kingdon@state.mn.us) or 651-201-5529) or Sara Chute ([Sara.Chute@state.mn.us](mailto:Sara.Chute@state.mn.us) or 651-201-5543).

This DVD was produced by the ECHO (Emergency and Community Health Outreach) collaborative.  
Information about ECHO is available at [www.echominnesota.org](http://www.echominnesota.org).

This DVD is sponsored by MDH's Refugee Health and Tuberculosis Programs.

[www.health.state.mn.us/refugee](http://www.health.state.mn.us/refugee)

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