

**TO BE ADDED TO THE  
TB CONTROL PROGRAM  
LISTSERVE**

**Name:**

**Organization or Agency Where Employed:**

**E-Mail Address:  
(please print clearly)**

**Your Phone Number:  
(in case we need to contact you)**

Please email form to [tbchealthed@ph.lacounty.gov](mailto:tbchealthed@ph.lacounty.gov)