

Outreach Staff Name:
Health District: Fairfax

Date of Visit:

Northern Virginia TB Media Campaign Material Distribution Tracker

SITE INFORMATION

Site Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Site Contact Person: _____

Phone: _____

Email: _____

MATERIALS DISTRIBUTED

Did site agree to post campaign material?

Yes

No

If NO, can Health Department contact site to discuss concerns?

Yes

No

Poster Type (Language/Topic)	Number of Posters Provided to Site
English/BCG	
English/LTBI	
Spanish/BCG	
Spanish/LTBI	
Amharic/BCG	
Amharic/LTBI	
Arabic/BCG	
Arabic/LTBI	
Hindi/BCG	
Hindi/LTBI	
Korean/BCG	
Korean/LTBI	
Mongolian/BCG	
Mongolian/LTBI	
Tagalog/BCG	
Tagalog/LTBI	
Vietnamese/BCG	
Vietnamese/LTBI	

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Can Health Department return, within one month, to survey patrons regarding the campaign materials?

Yes

No

NOTES

(Please record any concerns expressed by site regarding posting of campaign material)