



TB INSTRUCTOR COURSE ROSTER

You can type your information directly into this form. You will not be able to save; print before closing.

Please complete and fax to **317-819-1187**
or email back to **TB-IN@Lung.org**

or mail to **American Lung Association in Indiana**
115 W Washington St, Ste 1180-S
Indianapolis, IN 46204

TRAINER

Name _____ Email _____

Course Information:

Date _____ Time _____ Location of Class _____

PARTICIPANTS

Name _____

Email _____

Agreement Yes No Test Score _____

Name _____

Email _____

Agreement Yes No Test Score _____

Name _____

Email _____

Agreement Yes No Test Score _____

Name _____

Email _____

Agreement Yes No Test Score _____

Name _____

Email _____

Agreement Yes No Test Score _____

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Agreement Yes No Test Score _____

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