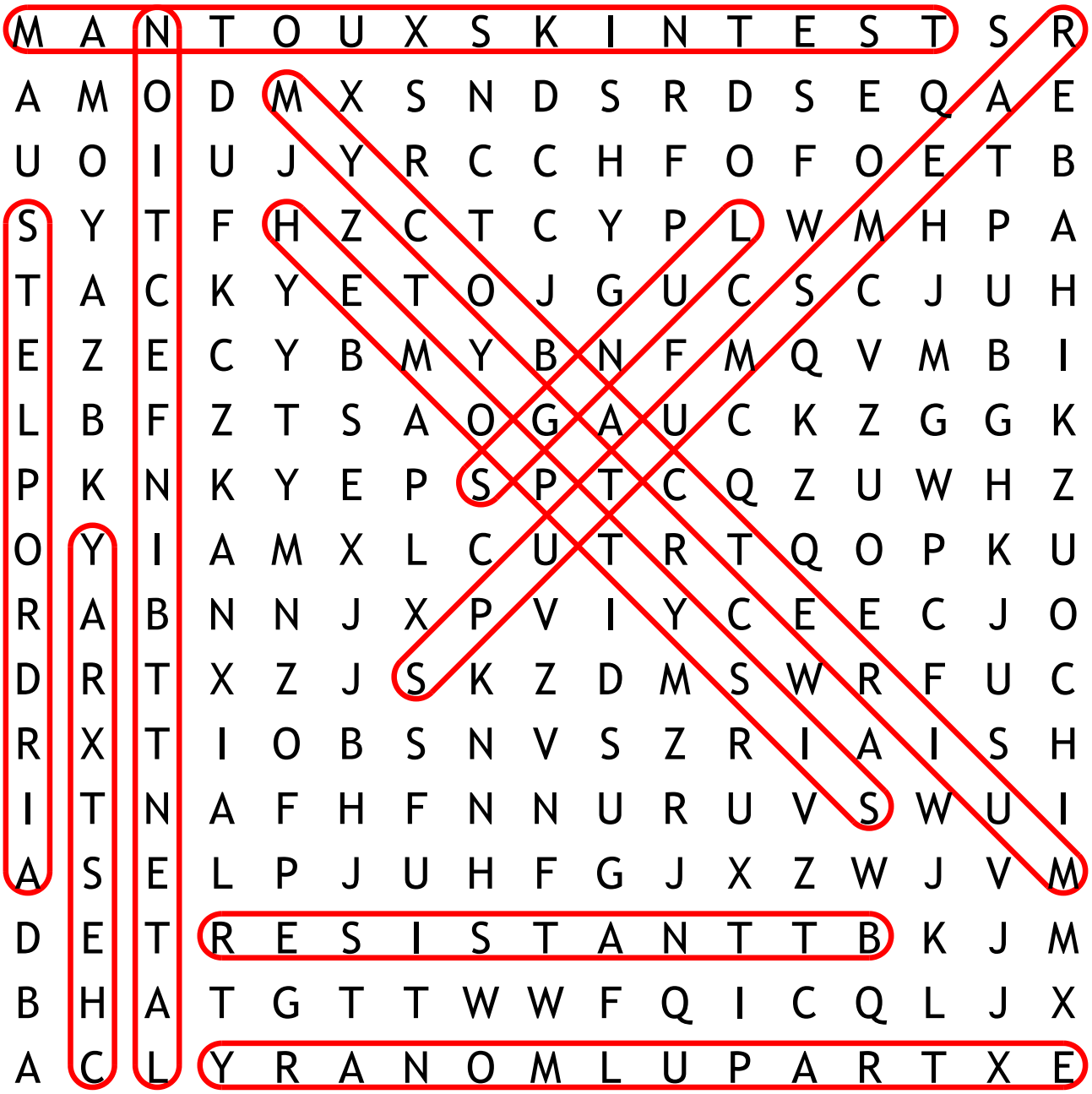
Name: _____ Date: _____

Tuberculosis



Latent TB infection
Mycobacterium
ResistantTB
Lungs
Mantoux skin test
Sputum smear
Chest X-ray
Extrapulmonary
Air droplets
Hemoptysis