

Community FIT Kit Request Form for Men & Women 45-74

6/2022

FIT #: _____



1. **ALL QUESTIONS MUST BE ANSWERED.** Please print clearly.
2. Read and sign.
3. Give the **COMPLETED** form to the kit provider and mail the completed test kit in the return envelope provided.

First Name	Middle Initial	Last Name	Maiden Name	
Birthdate / /	Address		Best Phone Number to Reach You: ()	
City		County	State	Zip
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		<input type="checkbox"/> Female to Male <input type="checkbox"/> Male to Female		
		Are you of Hispanic/latina(o) origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Primary language spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____		
What race or ethnicity are you? (check all boxes that apply)				
<input type="checkbox"/> American Indian/Alaska Native Tribe: _____ <input type="checkbox"/> Black/African American <input type="checkbox"/> Mexican American <input type="checkbox"/> White		<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Note: Your health plan will not be billed for this test, nor will they be notified of your individual test results.)</i>		Have you ever been screened for colorectal cancer? <input type="checkbox"/> No <input type="checkbox"/> Yes, within last year <input type="checkbox"/> Yes, more than a year ago <input type="checkbox"/> I don't know		
Who is your primary care doctor? Name of doctor: _____ Name of clinic: _____ City: _____				

Disclosure Statement - This test is used only to detect hidden blood in the stool, which can be a sign of several conditions including hemorrhoids, colon polyps, cancer, diverticulitis, and ulcers. A positive test result means you should contact your family doctor for a follow-up examination. A negative test result does not mean that you do not have cancer. A negative result means you should be screened annually. You should discuss the American Cancer Society's recommendations for colorectal screenings with your doctor to best determine how often you should be examined.

Authorization to Release Information - I hereby authorize the release of my stool test results; the information contained on my registration form and recommended related tests to the testing facility and my doctor. This information, as well as patient and physician identity, will be kept strictly confidential and used only for statistical purposes by the Nebraska Colon Cancer Screening Program. The recipient of this patient information is prohibited from disclosing the information to any other party and is required to destroy the information after the need has been fulfilled.

Please Print Your Name (first, middle last) _____

Your Signature: _____ **Date:** ____/____/____

If you have questions, please contact the Nebraska Women's and Men's Health Programs:

Nebraska Women's and Men's Health Programs || 301 Centennial Mall South || P.O. Box 94817 || Lincoln, NE 68509-4817