FOR EXERCISE 3.3 Insert/Type your name here

Form 1. Presumptive TB Masterlist

Date of Consult (1)	Name (SURNAME/First name/Middle name) (2)	Age (3)	Sex (4)	Address (5)	Referring Unit (6)	Household Contact of a TB Case? (Y/N) (7)	Date Sputum Collected/ Result (8)		Date TST done/ Reading (9)	Chest Xray examination (Date/ result) (10)	Other diagnostic tests (11)	Presumptive DR-TB (Y/N) (12)	Remarks: Write if for treatment (state the TB case number). Write if for referral (specify the facility and outcome of referral)/ and, write if Not TB. (13)
							1st	2nd					