Form 9. IPT Register (FOR USE IN EXERCISE 12)

Month/YearJan-Mar 2014 Name of Facility_ Real RHU													
									COME (9)			
Date Consulted/ Evaluated (1)	IPT No. (2)	Name (3)	Age (4)	Sex (5)	Address (6)	TB Exposure (E)/ TB Infection(I) (7)	Date IPT	Completed	Died	Failed	Lost to follow-up	Not Evaluated	Remarks (10)
					Bgy 3, Real Municipality,								
1/27/14	14-001	SABINO, Michelle	3	F	Province Q	E	2/1/14	7/18/14					TST 4mm
					Bgy 4, Real Municipality,								TST 12mm,
3/2/14	14-002	TIMBOL, Mike	4	М	Province Q		3/6/14	8/22/14					CxR: normal