

National Tuberculosis Programme

TB 02

TUBERCULOSIS FOLLOW UP CARD

Name: _____

Address(in full): _____

Sex: M F Age: _____

District TB No: _____

District Chest Clinic: _____

DOT centre: _____

Disease classification

Pulmonary Extra - pulmonary

Sp. sm. pos. Site _____

Sp. sm. neg.

Date treatment started

 Day Month Year

Type of patient

New Relapse

Transfer in Treatment after default

Other Treatment after failure

Category of treatment

CAT 1

CAT 2

Other

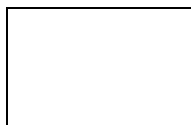
Drugs patient receiving

Drugs	Intensive Phase		Continuation Phase	
	From	To	From	To
H				
R				
Z				
E				
S				

Sputum follow up result

Month \ Result	2 nd	3 rd	4 th	5 th	6 th	8 th
Positive						
Negative						

X-ray



Date:.....



Date:.....

Appointment dates

Due date

Date attended

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Treatment Outcome

u;l ;Ld .kAk

u;l ;Ld .kAk

1' fuu ldâm; iQrels; j

1'

fuu ldâm; iQrels; j

;nd.kAk'

;nd.kAk'

2' ksrafoAYs; m%;sldr ksishldrj .eksfuka

2' ksrafoAYs; m%;sldr ksishldrj .eksfuka