

JAMHURI YA MUUNGANO WA TANZANIA



Wizara ya Afya

Mpango wa Taifa wa Kifua Kikuu na Ukoma

**REJESTA YA UFUATILIAJI WA KAYA
ZENYE WAGONJWA**

Jina la Kituo: Halmashauri: Mkoa:

JAMHURI YA MUUNGANO WA TANZANIA



Wizara ya Afya

MPANGO WA KIFUA KIKUU NA UKOMA
REJESTA YA UFUATILIAJI WA KAYA ZENYE WAGONJWA

TB 17

| 1 Na. | 2 Tarehe ya ziara | 3 Jina la Mtu wa Karibu (Contact) (Majina matatu) | 4 Jinsi (ME/KE) | 5 Umri (Miaka) | 6 Anuani ya Mtu wa Karibu (TB contact address) | 7 Namba ya simu ya mtu wa karibu (TB contact Mobile No.) | 8 Njia ya uchunguzi wa TB (TBCI Approach) Kutembelea 2. Mwaliko 3. Huduma mkoba | 9 Aina ya ukaribu na Mgonjwa (Type of contact) 1. Anaishi kaya moja 2. Karibu kijamii (Close) 3. Maeneo yenye wagonjwa wengi wa TB | 10 Namba ya Mgonjwa wa TB (TB No. of Index case) | 11 Namba ya simu ya mgonjwa wa TB (Index case) | 12 Uchunguzi wa TB | | | | | |
|----------|----------------------|--|--------------------|-------------------|---|---|---|--|---|---|--|---|---|----|----|----------------------|
| | | | | | | | | | | | *Dalili za TB (Weka alama ya vema sehemu husika) | | | | | |
| | | | | | | | | | | | KH | D | H | KU | KJ | Dalili nje ya Mapafu |
| 1 | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | |

Key 1: TB DX results

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|---|---------|---|---------------|
| 1 | PTB +Ve | 4 | DR TB |
| 2 | PTB -Ve | 5 | No TB disease |
| 3 | EP TB | | |

