

## Prevent TB Report

Date: 2021-08-25

## Person Details

Name	Test
Mobile Number	
Gender	Male
Age	34
Address	Addrss
District	YXiWMrCRP5S
Did you leave for labor migration	Yes
If yes, to which country?	
For what period are you traveling?	seasonally(winter-summer)
Is the nature of your stay in migration legal?	
How are you treated during migration in case of illness?	
Presently on anti-TB medication?	
Did you take all the medications you were prescribed?	
When were you diagnosed with TB?	
Voucher Number	
UIC	B08115
Do you have any other disease?	
Please specify	
Observation type	

<b>Contact HIV Status</b>	
<b>Diabetes Status</b>	
<b>Client type</b>	
<b>Relationship (with index)</b>	
<b>QR Code</b>	

## Enrollment Details

: 2021-08-24

: 2021-08-24

**Status:** ACTIVE

Notes

## Visits

**Name:** Risk assessment and referral

**Organisation unit:** Dushanbe

**Event date:** 2021-08-24

**Assigned user:**

**Status:** COMPLETED

<b>Data element</b>	<b>Value</b>
Presence of symptoms	YES
Symptoms (child)	true
current cough	
fever	
weight loss	
night sweat	
fatigue	
failure to thrive	

reduced playfulness	
others	
How long have you been coughing?	
Does sputum appear when you cough?	
Is there hemoptysis, or streaks of blood in the sputum when coughing?	
If yes, how long has it worried (weeks)?	
Refer to lab for Investigation	
District	
Referral facility	
Select Referral Service	
Client Type	

#### Notes

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**Name:** LTBI Outcome  
**Organisation unit:** Dushanbe  
**Due date:** 2021-08-24  
**Assigned user:**  
**Status:** SCHEDULE

Visit not made

#### Notes

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