D. IOM Health Professional

Series A Specimen: Sputum | Series B Specimen:

D1a. Smears ☒ Done ☐ Not Done

	Date	Smear results: Negative	Scanty	AFB Count	1+ (1-9 /10F)	2+ (1-10 /F)	3+ (>10/F)	Other results: No Show	Specimen Unobtainable
A1	10-Apr-2023	☒	☐	____	☐	☐	☐	☐	☐
A2	11-Apr-2023	☒	☐	____	☐	☐	☐	☐	☐
A3	12-Apr-2023	☒	☐	____	☐	☐	☐	☐	☐
B1		☐	☐	____	☐	☐	☐	☐	☐
B2		☐	☐	____	☐	☐	☐	☐	☐
B3		☐	☐	____	☐	☐	☐	☐	☐

- ☐ CXR Normal
- ☐ No disease progression on CXR, No lab
- ☐ No disease progression on CXR, Specimen unobtainable
- ☐ No disease progression on CXR, Others
- ☐ CXR abnormality NOT suggestive of active TB
- ☐ No Show
- ☐ Specimen Unobtainable
- ☐ Applicant Declined
- ☐ Child < 11yo
- ☐ Other

D1b. Cultures

	Date	No Growth	Growth: MTB	Growth: NTM	Non-Diagnostic: Cont.	Non-Diagnostic: Other	Not Done
A1	06-Jun-2023	☒	☐	☐	☐	☐	☐
A2	06-Jun-2023	☒	☐	☐	☐	☐	☐
A3	06-Jun-2023	☒	☐	☐	☐	☐	☐
B1		☐	☐	☐	☐	☐	☐
B2		☐	☐	☐	☐	☐	☐
B3		☐	☐	☐	☐	☐	☐

D1c. DST Results (R-resistant; S-susceptible)

Date										

☒ 'IOM Health Professional confirms specimen collection was done according to technical guidelines

D2. Screening Outcome ☒ **Certificate issued** ☐ **Certificate not issued**

Certificate No. MNL086688
Issue Date 13-Jun-2023
Expiry Date 04-Oct-2023

Issued by Hennalyn Pascua AFICIAL

- ☐ Referred for TB treatment
- ☐ Ongoing TB Treatment when screening was done
- ☐ Referred for follow up as a family contact
- ☐ Applicant declined to participate in screening
- ☐ No Show (Did not complete screening)
- ☐ Death (Did not complete screening)
- ☐ Other (specify) _____

D3. Copy of X-Ray given to the applicant ☐ Yes ☒ No

D4. Referral letter given to applicant ☐ Yes ☒ No

Applicant / Guardian Signature: _____ Signature date: _____

IOM Health Professional Name: AFICIAL, Hennalyn Pascua

IOM Health Professional Signature: _____ Signature date: 6/13/23

IOM Address: Trafalgar Plaza, 15th Floor, Units A&B
105 HV Dela Costa, Salcedo Village

DOLENDO
Jonalyn
1995-01-31

P3580915C
PHMNL0100078168

Manila Health Centre IOM • OIM