

Zambia Digital Health Community Project (ZDCHP)

FORM NAME:
SERVICE DATE :
SYMPTOMS:
TEST TYPE :
IS TB SUSPECTED [Y/N]:
IS TB CURED [Y/N]:
PATIENT TAKING MEDICINES [Y/N]:
LMP DATE :
ANY SIDE EFFECTS [Y/N]:
REFERRAL REQUIRED [Y/N] :
REFERRAL REASON:
IEC GIVEN [Y/N] :

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