

# TUBERCULOSIS SURVEILLANCE

For clients with adverse reactions to BCG; with 10mm or more reaction to Mantoux; tuberculin converters: those on chemoprophylaxis or therapy.

REPORTING UNIT	FOR THE MONTH OF : <div style="text-align: center;">20__</div>	NURSE IN CHARGE:
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NAME		IDENTIFICATION			B.C.G.	TUBERCULIN TEST		DRUG PRESCRIPTION				OTHER INFORMATION
SURNAME	GIVEN NAME(S)	SEX	D.O.B.	H.C.P. No.	DATE	DATE	RESULT IN MM	DRUGS	DATE STARTED	DURATION OF TREATMENT	NUMBER OF DOSES TAKEN TO DATE	Adverse BCG reaction; drug reactions, blood work or laboratory test results, etc.