

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Specimen

Unit Serial No. \_\_\_\_\_ TB-01

## TUBERCULOSIS APPOINTMENT CARD

County:	Sub county:
SC. Reg. No.	Facility:

Name:		
National ID No/NEMIS:		
Physical Address:	Age	
Mobile No:	Sex	

Pulmonary tuberculosis	Bacteriologically Confirmed		Extra-pulmonary	
	Clinically Diagnosed			

Date start treatment	
Date of outcome	

Body weight (kg)							
Month	0	1	2	3	4	5	6
Weight							

September 2020  
MOH/DNTLDP/TBAC/01

## Intensive Phase

Date of start of treatment: \_\_\_\_\_

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	32	33	34	35
36	37	38	39	40	41	42
43	44	45	46	47	48	49
50	51	52	53	54	55	56
57	58	59	60	61	62	63
64	65	66	67	68	69	70
71	72	73	74	75	76	77
78	79	80	81	82	83	84

Intensive Phase regimen		
Regimen	Tick	Duration (months)
RHZE (150/75/400/275mg).....tabs/day		
RHZ (75/50/150mg .....tabs/day		
Ethambutol (100mg) .....tabs/day		
Ethambutol (400mg) ..... tabs/day		

### Continuation Drug collections

Date of collection	Date due	Date of collection	Date due

### Result Sputum Examination

	Initial test		Month 2	Month 3	Month 5	Month 6
	Xpert	Smear				
Date						
Serial No.						
Result (Quantify)						

