

Tuberculosis Identity Card

Front

**Revised National
Tuberculosis Control Programme
IDENTITY CARD**

Name of Patient: _____

Complete address: _____

TU / district name _____ Ph _____

Sex: M F Age: _____ TB No. _____

PHI: _____

**Disease
Classification**

Pulmonary

Extra-pulmonary

Site: _____

**Treatment
Started on**

Date Month Year

Type of Patient

- New
- Relapse
- Treatment after default
- Failure
- Transfer In
- Other-Specify _____

**Category of
Treatment**

Category I

Category II

Category III

CPT

Back

Follow up sputum examination

Time point	Date	Lab No.	Result
Pretreatment			
End of IP/extended IP			
2 months in CP			
End of treatment			

Appointment dates

IP	CP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Treatment outcome with date: _____

Signature and stamp of MO with date: _____

REMEMBER

1. Keep your card safely
2. You can be cured if you take treatment as advised.
3. You may infect your near and dear if you do not take your medicines as advised