**Register of TB and HIV screening of health facility staff. Form 3.**

**List all staff; to assess whether screening procedures completed. Start assigning ID number from number 1.**

**Facility name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name person screening: \_\_\_\_\_\_\_\_\_\_\_**

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| Name | sex | Dept | Cadre\* | Given ID nr | Date of assessment  dd/mm/yyyy | Informed consent Y/N | TB suspect yes/no  (if yes, copy to form 2) | If refused, reason? | If left facility tick here |
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DK = don’t know. [*Department is asked to make sure right person; not relevant smaller facilities]*.

Cadre: MO = Medical Officer, CO = clinical officer, N = nurse, A = administration/clerical officer, CDE=classified daily employee (driver, cleaner, kitchen, laundry, housekeeper, cleaner, guard), L = lab staff, EO = environmental officer, ML = Medical Licensees, TS = TB treatment supporter, P = pharmacy staff, O = other