**Register of TB suspects among Health Facility staff. Form 4 (to be abstracted from form 1 and 2).**

This is mainly needed for larger facilities to keep an overview; smaller facilities may omit this and copy directly from form 1 and 2 onto summary form 6.

Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of person performing the screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ID nr | Cadre\* | sex | Department (only in bigger facilities) | Date of assessment | Results obtained Yes/no/DK | TB case Y/N/DK | MDR  Y/N/DK | Treatment start date? | Treatment outcome |
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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, O = other