

NATIONAL TUBERCULOSIS CONTROL PROGRAM

Directorate General of Health Services, Bangladesh

Quarterly TPT Activities Report of Tuberculosis

Name of District: Name of Upazila/ Centre/ Address: Name & Signature of UH&FPO/ In-charge of DOTS/ Health Unit:	Case registered during			Date of Completion of this Form: Name, Designation, Signature & Contact no. of Person completed the Form:
		quarter		

No. of eligible for TPT			No. registered for TPT		
Male	Female	Total	Male	Female	Total

Age-groups (eligible for TPT)							
<5 years (3HR/H)		5 to less than 10 years (3HR)		10 to less than 15 years (3HR)		15 years and above (3HP)	
Male	Female	Male	Female	Male	Female	Male	Female

Age-groups (registered for TPT)							
<5 years (3HR/H)		5 to less than 10 years (3HR)		10 to less than 15 years (3HR)		15 years and above (3HP)	
Male	Female	Male	Female	Male	Female	Male	Female

No. of eligible for IPT (PLHIV)			No. registered for IPT (PLHIV)		
Male	Female	Total	Male	Female	Total