

NEW BU 02 Register

Month: _____ 200__

Name of health facility: _____ District: _____ Region: _____

No	Date (dd/mm/yy)	Name (first/family)	Age	Sex	Address (village/ town)	District	Patient classification		Clinical form(s)	Location of lesion(s)	Cat.*	Limitation of joint movement (Yes/No)	Specimens collected (Yes/No)	Antibiotic treatment (Yes/No)
							New	Rec.						
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

***Category I:** A single lesion \leq 5 cm in diameter; **Category II:** A single lesion 5 - 15 cm in diameter;
Category III: A single lesion $>$ 15 cm in diameter, multiple lesions, lesions at critical sites, osteomyelitis