



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

February 26, 2018

DEPARTMENT MEMORANDUM
No. 2018 - 0105

FOR: SECRETARY OF HEALTH OF AUTONOMOUS REGION IN MUSLIM MINDANAO AND ALL DOH REGIONAL DIRECTORS

SUBJECT: Provision of Certificate of Treatment Completion to Patients with Tuberculosis (TB)

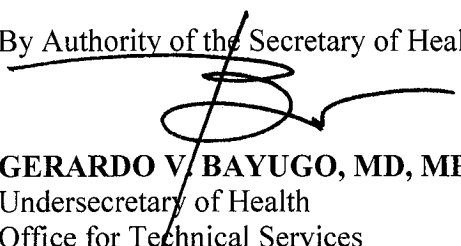
One of the challenges faced by TB patients (cured or on treatment) needing medical attention due to disease complications, or due to presence of co-morbidity/special situation is the reluctance of health facilities to manage them. The reasons for health facility refusal include fear of getting infected especially if dealing with drug-resistant TB (DR-TB) and lack of isolation room, among others. To address this concern and to ensure continuation of care during post-treatment of TB, the Program will provide key information such as history of TB treatment including its status (i.e. cured, treatment completed) to the attending physician.

In this regard, all TB patients who successfully completed their treatment shall be provided with an ID-like certificate that contains the following information: name of the patient, TB case number, validity date, name of DOTS facility, treatment start date, date of last dose, name and signature of DOTS facility physician and contact number of the facility. The certificate will be available in the Integrated TB Information System (ITIS) by end of June 2018. For the meantime, the DOTS facility staff shall reproduce and use the attached prototype certificate.

This certificate is renewable every six (6) months for two (2) years for drug-resistant TB patients. Moreover, drug-susceptible TB patients will be advised to seek medical care if TB symptoms recur.

For compliance.

By Authority of the Secretary of Health:



GERARDO V. BAYUGO, MD, MPH, CESO III
Undersecretary of Health
Office for Technical Services

Annex A: Prototype of ID-like Certificate for TB Patients

Size: 2.2 inches (height) X 3.375 inches (width)

<p>DOTS Facility: _____ Treatment Start date: _____ Date of last Dose: _____</p> <p>This is to certify that _____ has successfully completed his/her treatment for Tuberculosis.</p> <p>_____ Printed Name and Signature of DOTS Physician</p> <p>For further inquiries, you may contact _____ If found, kindly return to the nearest health center.</p>	<p>Republic of the Philippines Department of Health</p> <p>National TB Control Program</p> <p>_____ Name</p> <p>_____ TB Case Number</p> <p>Valid until: _____</p>
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