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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROGRAMA TUBERCULOSIS Y LEPRA – VIGILANCIA SALUD PUBLICA VSP | | | | | | | | | | | | | | | | | | | | |
| NO. | NOMBRE | | SEXO | EDAD | TIPO DE DOCUMENTO | No IDENTIDAD | REGIMEN AFILIACION | NOMBRE ASEGURADORA | BARRIO | DIRECCION | TELEFONO | COMUNA | CONDICION VULNERABILIDAD | GRUPO ETNICO | REMITIDO | SR | | SP | EPS A LA QUE REMITE | FIRMA |
| 1 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 2 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 3 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 4 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 5 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 6 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 7 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 8 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 9 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 10 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 11 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 12 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 13 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 14 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| 15 |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| SEXO |  | TIPO DOCUMENTO |  |  |  | REGIMEN AFILIACION. | |  | GRUPO ETNICO: |  | CONDICION VULNERABILIDAD. | | | |  |  | | **SR sintomático Respiratorio: SI\_\_ NO\_\_** | | | |
| M: Masculino | | CC |  |  |  | C: Contributivo | |  | 1. Otro |  | 1. Ninguno |  | 7. Habitante de la calle. | | | |  | | **SP sintomático Piel: SI\_\_ NO\_\_** | | |
| F: Femenino | | T.I |  |  |  | S: Subsidiado. | |  | 2. Indigena |  | 2. PPL |  |  |  |  |  | |  |  |  | |
|  |  | R.C |  |  |  | E:especial. |  |  | 3. Afrocolombiano | | 3. Desplazado |  |  |  |  |  | |  |  |  | |
|  |  | Pasaporte |  |  |  | PNA: pobre no afiliado. | |  | 4. Raizal |  | 4. Madre cabeza de familia | | |  |  |  | |  |  |  | |
|  |  |  |  |  |  |  |  |  | 5. Room |  | 5. Menor trabajador | |  |  |  |  | |  |  |  | |
|  |  |  |  |  |  |  |  |  | 6. Palenquero |  | 6. Discapacidad | |  |  |  |  | |  |  |  | |