

CAG register

Facility name:

Focal person name:

Meeting area:

CAG number:

Focal person contact number:

CAG member number	ART number	First name	Surname	Sex	DOB	Mobile number	Date ART initiation	Date joined CAG	Date permanently left CAG
1					./ ./ ./....		./ ./ ./....	./ ./ ./....	./ ./ ./....
2					./ ./ ./....		./ ./ ./....	./ ./ ./....	./ ./ ./....
3					./ ./ ./....		./ ./ ./....	./ ./ ./....	./ ./ ./....
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8					./ ./ ./....		./ ./ ./....	./ ./ ./....	./ ./ ./....
9					./ ./ ./....		./ ./ ./....	./ ./ ./....	./ ./ ./....
10					./ ./ ./....		./ ./ ./....	./ ./ ./....	./ ./ ./....
11					./ ./ ./....		./ ./ ./....	./ ./ ./....	./ ./ ./....
12					./ ./ ./....		./ ./ ./....	./ ./ ./....	./ ./ ./....

*Reason for leaving CAG: 1.TFO 2.Moved to other CAG 3.Permanently returned to Clinic Care 4.LTFU 5.Died 6.Other

CAG appointment dates							
./ ./ ./....		./ ./ ./....		./ ./ ./....		./ ./ ./....	
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Reason left CAG*