



# National

District: \_\_\_\_\_

1. Date of positive result	Reference # in the OPD register	2. Name of patient (three names)	3. Age (Year/ months)	4. Sex (M/F)	5. Shehia	6. Village	7. Mjumbe/ Sehemu Maarufu*	Ho Ca
		FN: _____						
		MN: _____						
		LN: _____						
		FN: _____						
		MN: _____						
		LN: _____						
		FN: _____						
		MN: _____						
		LN: _____						
		FN: _____						
		MN: _____						
		LN: _____						
		FN: _____						
		MN: _____						
		LN: _____						
		FN: _____						

# Malaria Case Register



Facility: \_\_\_\_\_

8. Household ID #	9. Head of Household Name	10. Contact Mobile number (patient or relative)	11. Treatment given	12. Type of species					13. Overnight travel (**) (Yes/No)	14. If YES list ALL places travelled	15. Time (hour: minute)		16. Patient ID Code (filled out by DMSO)
				P.f	P.v	P.m	P.o	Mixed			Record	Report	
											--:--	--:--	
											--:--	--:--	
											--:--	--:--	
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Plasmodium vivax; P.m - Plasmodium malariae; P.o - Plasmodium ovale; Pan

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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		FN: _____								
		MN: _____								
		LN: _____								
		FN: _____								
		MN: _____								
		LN: _____								
		FN: _____								
		MN: _____								
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		MN: _____								
		LN: _____								
		FN: _____								
		MN: _____								
		LN: _____								

\*Sehemu maarufu: duka, mtu maarufu, au mtaa; P.f – Plasmodium falciparum; P.v – Plasmodium vivax; P.m – Plasmodium malariae;

\*\*Travel away from home within past month; spent at least one night during travel

Signature: \_\_\_\_\_

Name of Clinician reporting: \_\_\_\_\_

