

GALMEE KEELLAA FAYYAA
NAANNOO OROMIYAATTI SAKATTA'A WEERARA BUSAA
HEALTH POST REGISTER
OROMIA REGION MALARIA SURVEILLANCE FOR EPIDEMIC DETECTION

1. Aanaa /Woreda/: _____ 2. Maqaa Keellaa Fayyaa /NAME OF Health Post/: _____ 3. Koodii keellaa Fayyaa /Health PostCode/: |__|__|__|

1 Lakk /Serial Number /	2 Guyyaa /Date	3 Maqaa Name of Client	4 Teessoo (Ganda) /Residence (Kebele)	5 Jiga /Sub-Kebele/	6 Garee /Village	7 Manarra naannoo ykn KeFay/Iti At HP or Home visit	8 Haaraa ykn Hordofii /New or Follow-up	9 Umrii /Age /		10 Saala /Sex/	11 Ulfa /Pregnant	12 Oo'a sa'aa 48 darbe keessatti /Fever in the last 48 hrs	13 Bu'aa qorannoo busaa /RDT Results				14 Sadarkaa dhibee busaa /Malaria Diagnosis	15 Dhibee wwan kan biraa /Other diagnosis	16 Oorichoota busaa kennaman /Anti-malarial Treatment Given			17 Gara itti ergame (Maqaa dhaabbata Fayyaa) /Referred to (Name of health facility)	18 Yaada addaa /Remark
								<5	>5				a	b	c	d			a	b	c		
								Jira (Months)	Wag (yrs)				Pf+	Pv+	Makaa /Mixed	Hinjitu /Neg			Coartem	Chloroqu	Others		
						HP	N			M	Y					1. Cimaa /Severe 2. Laafaa / uncomplicated 3. Busaa hin qabu /No malaria							
						HV	F			F	N NA	N											
						HP	N			M	Y					1. Cimaa /Severe 2. Laafaa / uncomplicated 3. Busaa hin qabu /No malaria							
						HV	F			F	N NA	N											
						HP	N			M	Y					1. Cimaa /Severe 2. Laafaa / uncomplicated 3. Busaa hin qabu /No malaria							
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						HV	F			F	N NA	N											
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						HV	F			F	N NA	N											

Name of supervisor/coordinator: _____ Code: |__|__|__| Date form collected on: |__|__| |__|__| |__|__| Signature: _____