

UNDER FIVE OPD REGISTER
OROMIA REGION MALARIA SURVEILLANCE FOR EPIDEMIC DETECTION

FORM 1B

1: ZONE _____ 2: WOREDA _____ 3: Town _____

4: Facility type (tick appropriately): A) Health Center B) Health Post C) Clinic D) Hospital

5. SENT.SITE CODE | | 6. NAME OF Health Facility: _____ 7. Health Facility Code:

1 Serial Number	2 Date (EC)	3 Medical record or Card Number	4 New or Follow-up	5 Age (Months)	6 Sex	7 Residence within woreda	8 Name of Kebele	9 Kebele Code	10 Fever history in the last 48 hours	11 Suspected malaria	12 Weight (in kg)	13 Malaria Test Requested	14 Blood Film or RDT Results (Check appropriate Box)								15 Final Diagnosis		16 Non-anti-Malarial treatment given (Name)	17 Anti-malarial Treatment Given (Check appropriate box)							18 Referred to(Name of hospital or health facility)	19 Admission, death and other Remarks	20 HMIS/WHO Disease Code				
													Blood Film Result					RDT Result			a	b		a	b	c	d	e	f	g							
													a	b	c	d	e	a	b	c	d	Malaria		Others	Coartem	Chloroquine	Quinine Tabs	Quinine Inj	Artemether Inj	Primaquine				Others			
													Pf+	Pv+	Mix	Neg	RF	Pf+	Pv+	Mixed	Neg																
			N F	M F	Y N				Y N	Y N	— —	Y N								1. Severe 2. uncomplicated 3. No malaria																	
			N F	M F	Y N				Y N	Y N	— —	Y N								1. Severe 2. uncomplicated 3. No malaria																	
			N F	M F	Y N				Y N	Y N	— —	Y N								1. Severe 2. uncomplicated 3. No malaria																	
			N F	M F	Y N				Y N	Y N	— —	Y N								1. Severe 2. uncomplicated 3. No malaria																	
			N F	M F	Y N				Y N	Y N	— —	Y N								1. Severe 2. uncomplicated 3. No malaria																	
			N F	M F	Y N				Y N	Y N	— —	Y N								1. Severe 2. uncomplicated 3. No malaria																	
			N F	M F	Y N				Y N	Y N	— —	Y N								1. Severe 2. uncomplicated 3. No malaria																	

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