FORM No: 1A

ADULT OPD REGISTER
OROMIA REGION MALARIA SURVEILLANCE FOR EPIDEMIC DETECTION

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

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

FORM No: 1A

											NA											3. No malaria												

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