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	2	3	4	5	6	7	8	9	10	11	21	13	14									15		16	17							18	19	20
Serial Number	Date (EC)	Medical record or Card Number	New or Follow-up	Age (Months)	Sex	Residence within woreda	Name of Kebele	Kebele Code	Fever history in the last 48 hours	Suspected malaria	Weight (in kg)	Malaria Test Requested	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			
													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												
			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:_____