

IDSR HEALTH FACILITY LINE-LISTING FORM

MOH 503

Health Facility: _____ District: _____ Date received at District: _____

Province: _____ Disease/Condition: _____

A	B	C		D	E	F	G	H	I	J		K		L
	Names	Patients (tick as appropriate)		Village or Town and Neighbourhood INDICATE Major Landmarks	Sex	Age ¹	Date seen at health facility	Date of onset of disease	Number of doses of vaccine (Exclude doses given within 14 days of onset)	Lab Tests		Outcome		Comments
		Out patient	In patient							Specimen taken (Yes/No) If yes, date collected	Lab results	A- Alive	D- Dead	
										Date	Type			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

¹ Age in years if more than 12 months, otherwise indicate number of months e.g. 4m, 7m.