## **FORM A: KMC UNIT ADMISSION FORM**

**Objective:** To be filled at the time of admission to the KMC unit, before starting long-duration KMC. The form contains information on eligibility of the baby of KMC and detail required for follow-up.

mother ar	on to be colle nd caregivers	·						
Hospital :	Reg. No.: 41:	2356						
<b>Date of A</b> PM	dmission to	KMC Ur	nit (dd/mm/y	уууу): 11/0	4/2020 <b>Ti</b>	me of Adı	<b>mission</b> (A	M/PM): 06:22
<b>1-</b> BACKG	ROUND INFO	ORMATIC	N					
1.1 Da	te of Birth (	ld/mm/yy	yy): 11/04/2	2020				
1.2 Se	<b>k:</b> Male							
1.3 Tin	ne of Birth (	AM/PM):	01:00 AM					
1.4 Typ	pe of Admiss	ion: Inbo	orn					
1.5 We	ight at Birtl	ı (in gran	ns): 2500 gr	rams				
1.6 Pla	ce of Birth:							
1.6.1	Name and	Address	of Birth Fa	acility: Otl	ner			
1.7 Туј	oe of Birth:	Normal						
1.8 Te	rm of Birth:	Full Tern	n					
1.9 LM	I <b>P</b> (first day o	f last me	nstrual peri	od - dd/mn	n/yyyy): 11	1/06/2019		
1.10 G	estational A	<b>ge</b> (in we	eks): 44 We	eeks				
1.11 W	eigth of bab	y at adn	nission to l	KMC unit	(in grams	): 2700 gra	ams	
1.12	G	P	A	L	]			
	the Baby St		Yes / No	ission? (Sr	] ecify nam	e and dosa	age)	

- FAMILY DETAIL (For Follow Up)	
2.1 Name of the Mother: Mother Number 02	
2.2 Name of the Father:	
2.3 Name & relation of accompanying family member(s)	)
Guardian	Uncle
2.4 Contact Detail (At least 2 close contact numbers) Phone / Mobile Number	Relations
	Mother Number 02
2.4.1 Name and Number of ASHA:	
2.6 Caste:	
2.7 Address:	
Rural/Urban: State/Country: , District: Gram Sabha-Hamlet/ House NO.: Address: Pin Code: Near:	
Signature of Nurse at the time of admission.	Signature of Doctor