

UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN  NAME OF HEALTH FACILITY						WARD ROUND FORM Date of Ward Round..... Starting time..... Finishing time..... Department Unit/Ward..... Total patients in the Unit/Ward..... Total patients seen			
Bed No.	Hosp. Reg. Number	Names of Patient	Sex	Age	DOA	Diagnosis	Planned management & Investigations	Action taken	Remarks

Bed No.	Hosp. Reg. Number	Names of Patient	Sex	Age	DOA	Diagnosis	Planned management & Investigation	Action taken	Remarks

ATTENDANCE REGISTER

Names of Participants	Designation	Department	Signature	Name of Participants	Designation	Department	Signature