

## Zambia Digital Health Community Project (ZDCHP)

FORM NAME : ACTIVE MALARIA
SERVICE DATE :
MEMBER STATUS :
SYMPTOMS:
RDT STATUS:
IS INDEX CASE [Y/N]:
HAVING TRAVEL HISTORY [Y/N] :
MALARIA TREATMENT HISTORY [Y/N]:
IS TREATMENT GIVEN [Y/N]:
LMP DATE :
IS REFERRAL REQUIRED [Y/N] :
REFERRAL REASON:
IEC GIVEN [Y/N]:

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