

## Zambia Digital Health Community Project (ZDCHP)

| FORM NAME : HIV SCREENING FOR CHILD |
|-------------------------------------|
| SERVICE DATE :                      |
| IS CHILD HIV POSITIVE [Y/N] :       |
| IS ON ART [Y/N]:                    |
| ART ENROLLMENT NUMBER :             |
| IS MOTHER HIV POSITIVE [Y/N] :      |
| ARE ANY OF PARENT DEAD [Y/N] :      |
| SICK OR ADMITTED IN 6 MONTHS [Y/N]: |
| IS PUS COMING FROM EAR [Y/N]:       |
| REFERRAL REQUIRED [Y/N] :           |
|                                     |
|                                     |
|                                     |

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