



Zambia Digital Health Community Project (ZDCHP)

FORM NAME : COVID_SCREENING_1

SERVICE DATE :

DOSE 1 TAKEN [Y/N] :

VACCINE NAME [DOSE 1] :

VACCINE DATE [DOSE 1] :

DOSE 2 TAKEN [Y/N] :

VACCINE NAME [DOSE 2] :

VACCINE DATE [DOSE 2] :

WILLING TO TAKE BOOSTER [Y/N] :

VACCINE NAME [BOOSTER] :

VACCINE DATE [BOOSTER] :

EXPERIENCED EFFECTS :



Zambia Digital Health Community Project (ZDCHP)

FORM NAME : COVID_SCREENING_2

REFERRAL REQUIRED [Y/N] :

REFERRAL REASON :

IEC GIVEN :