



## Zambia Digital Health Community Project (ZDCHP)

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**FORM NAME : PASSIVE MALARIA**

**SERVICE DATE :**

**MEMBER STATUS :**

**SYMPTOMS :**

**RDT STATUS :**

**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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