



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] :
