



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] :