

Child Nutrition Screening Day

Please use this form when doing a nutrition screening day.

Health Worker

What is your name?

*

As listed in your papers

What is your date of birth

*

yyyy-mm-dd

How old are you?

(18-70 years)



Photo

Please take a picture of your self.

What is your current position?

Please indicate your position.

- ☐ Medical Doctor
- ☐ Nurse Midwife (ANM)
- ☐ Community Health Worker (CHW)

Nutrition Screening Day

Zone

- ☐ North West
- ☐ North Central
- ☐ North East
- ☐ South East
- ☐ South South
- ☐ South West

State in North West

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