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MINISTRY OF HEALTH-ETHIOPIA

# Health Centre /Clinic/Hospital Tetanus Diphtheria Register

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Region

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Zone/Subcity/Woreda

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Health Facility Name

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Begin Date

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End Date

# INSTRUCTIONS FOR Td IMMUNIZATION REGISTER

Location information to be completed at front of register:

Region	Write the region where the facility is located
Woreda / Sub-City	Write the woreda/sub-city where the facility is located.
Kebele	If Health Post, write the name of the kebele where the Health Post is located.
Name of Health Facility	Write the name of the health facility where the Td and Vit A services are provided.
Register begin date	Enter the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Enter the date of the last entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)

S. N	Datum	Comments
<b>Identification: personal information</b>		
1	S.N	Write Sequential serial number in registration book
2	MRN	Write Unique individual identifier used on medical information folder
3	Name	Write the name of the client
4	Age	Write Client's age
<b>Identification: Address</b>		
5	Woreda	Write the Woreda
6	Kebele	Write the Kebele
7	Ketena/Gott	Write the Gott or Ketena
<b>Registration</b>		
8	Reg. Date (DD/MM/YY)	Write registration Date written as Day/Month/Year (DD/MM/YY) (EC)
<b>Immunization Services: Tetanus Diphtheria Antigens Received Pregnant women</b>		
9	Td 1	Write Date Td 1 antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
10	Td 2	Write Date Td 2 antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
11	Td 3	Write Date Td 3 antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
12	Td 4	Write Date Td 4 antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
13	Td5	Write Date Td 5 antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
<b>Immunization Services: Td Antigens Received Non-pregnant women</b>		
14	Td 1	Write Date Td 1 antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
15	Td 2	Write Date Td 2 antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
16	Td 3	Write Date Td 3 antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
17	Td 4	Write Date Td 4 antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
18	Td5	Write Date Td 5 antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
19	Remarks	Appointment / other comments



# Tetanus Diphtheria Register

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