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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Vitamin A Supplementation and Deworming Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

Instruction for Routine VAS and Deworming register

Location information to be completed at front of the registry

Region	Write region name where the facility is located
Zone/Sub-City /Woreda	Write Zone/Sub-City /Woreda name where the facility is located.
Name of Health Facility	Write the name of the health facility where the service was provided.
Register begin date	Write the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Write the date of the last entry in the register, written as (EC) Day / Month / Year(DD/MM/YY)

Col. Number	Data Elements	Description
1	S.N	Sequential serial number in registration book; to be entered on client's registration card for later identification in the register
2	MRN	Write Medical record number
3	Child full name	Write full name of child
4	Age (MM)/Sex (M/F)	Write the Child's Sex "M" if Male ; and "F" if Female
5	Date of Birth	Write the Child's date of Birth, (DD,MM,YY)E.C
6	Name of Mother/Care giver	Write name of Mother. If not write care giver name
7	Woreda/ Kebele	Write Woreda in upper row and Kebele in the lower row
8	Gott/Ketena	Write Gott or ketene
9	Age of the child (in months) on date of registration	Write the age of child in month (6-59mos) at the date of service provision
	Year (YYYY):	Write the year in "YYYY" format.
10,14,18,22, and 26	Dose_1(DD/MM/YY)	Write Vitamin A Dose1 revied date month and year like (DD/MM/YY) in Ethiopian calendar year
11,15,19,23, and 27	Dose_2(DD/MM/YY)	Write Vitamin A Dose2 revied date month and year like (DD/MM/YY) in Ethiopian calendar year
12,16,20,24, and 28	Dose_1(DD/MM/YY)	Write deworming Dose1 revied date month and year like (DD/MM/YY) in Ethiopian calendar year
13,17,21,25, and 29	Dose_2(DD/MM/YY)	Write deworming Dose2 revied date month and year like (DD/MM/YY) in Ethiopian calendar year

