

Health Center Malaria Screening and Investigation Register

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date



Instruction How To Complete Malaria Screening and Investigation Registration on Health Center

SN	Datum	Comments										
1	S.N	Write serial number starting from 001 for the patient to document in the regsiter										
2	Examination Date (DD/ MM/YY)	Write the date patient visitied the health facilitity, written as (EC) Day /Month / Year (DD/ MM/ YY)										
3	Full Name of Patients	Write the patient's first name and father name										
4	MRN	Write unique individual identifier used on medical information folder.										
5	Age	If the patient is less than 5 years of age, enter the patient's age in months -MM For example, 4-month-old child is entered as 04M. If the patient is 5 years of age or older, enter the patier age in years -YY. For example, a 6-year-old child is entered as 06										
6	Sex	Write sex M= Male or F= Female										
7	Pregnancy status (P/NP/NA)	Write P= for Pregenant Women, NP= Non-Pregenant Women and NA= Not Applicable										
8	Address (Keble, Got, HH No.)/Phone No	Write Patient Keble, Got and/or House Hold Number on the upper row and the patient, Phon Number in the lower row										
9	History of fever in the last 48 hrs (Y/N)	Write fever history in the last 48 hours, Write Y= Yes for patient with fever history and N= No Fever history										
10	Temperature (°C)	Write the body temperatures taken under the arm using digital thermometer in °C										
11	Travel history (Qolama)(Y, N)/ Travel Place Location	Write history of travel to malarias area (Kolama area) in the last 30 days and stayed at least one night, Write Y= Yes has travel history, N= No travel history on the upper row and Write the name of traveled place in the lower row										
12	Diagnostic method (Mic/ RDT/ Clinical)/Result (N/Pf/ Pv/Mix)	Write the diagnosis method used for the patients with malaria, Write Mic=Microspic, RDT=Rapid Diagnosis Method or Clinical = Clinical diagnosed by physicians in the upper row, Write the result of diagnosis N=Negative, Pf=Plasmodium falciparum, Pv= Plasmodium vivax, Mix=Mixed in the lower row										
13	Treatment* (1,2,3,4,5,6 and 7)	Write the treatment medication given, 1=ACT, 2=ACT+SLDPQ, 3= CQ, 4=CQ+RCPQ, 5=Artesunate Injection, 6= Other and 7=Referred										
14	A visitor case (Y/N)/ A visitor, Stayed for 21 days or more? (Y/N)	A passively detected case staying temporarily within HF catchment with his/her relatives during his/her illness or infection period but not permanent residence of the kebele Write Y=Yes, N=No / If the case is visitor and stayed for 21 days or more in the area, Write Y=Yes, N=No										
15	Eligible for Investigation (Y/N)	A passively detected case staying temporarily within HF catchment with or without defined address during his/her infection or illness period for less than 21 days, about 21 days or more than 21 days, Write Y=yes, N=No										
16	The index case notified for investigation (Y/N/NA)	If the identified index case communicated to health post for investigation, Write Y=Yes, N=No or NA=Not Applicable										
17	Date FTAT started (DD/MM/ YY) /Date FTAT completed (DD/MM/YY)	Write the started date for reactive focal test and treat (FTAT) in the upper row and completed date in the lower row, written as (EC) Day /Month / Year (DD/ MM/YY)										
18	The index case investigated and classified (Y/N)	Write Y= Yes if the index case investigated and classified, N=No, if not investigated and not classified										
19	Number of HH members tested within 70 m radus from the index case	Write the number of people tested within 70 m radius from the index cases										
20	Number secondary cases identified from the index case investigation/Number of imported secondary cases	Write the number of secondary cases identified from the index case investigation in the upper row and number of imported cases from the secondary cases in the lower row										
21	Foci investigation done round the index case (Y/N)	Write Y= Yes if the foci investigation done around index case, N=No if foci investigation not done										
22	Remark	Write any supporting information										



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S.	Examination Date (DD/ MM/YY)	Full Name of Patients	MRN	Age	Sex (M/F)	Pregnancy status (P/ NP/NA)	Address (Kebele, Got,HH No.)	History of fever in the last 48 hrs (Y/N)		(Qolama) (Y, N)/	Diagnostic method (Mic/RDT/ Clinical) Treatment (1,2,3,4,5, and 7)	Treatment* (1,2,3,4,5,6		Eligible for Investigation (Y/N)	case	Date FTAT started (DD/ MM/YY) Date FTAT	The index case investigated and classified d (Y/N)	members		investigation	d Remark
							Phone #)			Travel Place Location	Result (N/ Pf/Pv/Mix)		A visitor, Stayed for 21 days or more? (Y/N)			completed (DD/MM/ YY)			imported secondary cases	case (1714)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
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