Malaria Case Register for Volunteers

Stage/Region:	Township:tt	Station/Rural Health Centre:	Sub RHC:

Organization: Village: Name of Volunteer: Reporting month & year:

					Se	ex			RDT	results		Sta	tus		Anti	mala	ria g	iven		facility			ek ment	b.n	Occupation	
Sr.	Date	Name	Age	Address	M	F	Pregnant	P.f	Positi P.v	Mix	RDT negative	Not severe	Severe	ACT24	ACT18	ACT 12	ACT 6	Chloroquine	Primaquine	Referral to health faci	Malaria deaths	Within 24 hours	After 24 hours	History of travelling (within 2-4 weeks)	 Rubber plantation Agriculture Construction Forestry Mining Others 	Remark

Month	Particular Particular	Malaria RDT	ACT 24	ACT 18	ACT 12	ACT 6	Chloroquine	Primaquine	Signatu
	Remaining from previous month								
	Received for this month								Name:
	Total								Village
	This month usage								Village
	Closing balance								Organiz

ge:

nization:

Daily Register

Cen	tre/Sul	o-centre	• • • • • •	• • • • • •	•••••	Township					State/Region										
											Susp	ected					n on		-		
Sr.	Date	Name	Sex	Age	Address	Symptoms	RDT negative fever	Diarrhoea	TB	Dengue fever	Filariasis	Leprosy	HIV/AIDS	STD	TB	DOTS	Educating filariasis patient with home care for secondary prevention	Leprosy complications	Number of condoms distributed	Referral	Health education
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^{***} Daily register is confidential document and needs to be kept safely in appropriate place.

^{...}Malaria data must be taken from carbonless register for malaria patients

^{...}Tick only one disease in suspected column

	c	Community-delivered integrated malaria elimination volun	teer's record book
State/Region	Township	Station/rural health centre	Sub-rural health centre
Organisation - NMCP	Village	Name of volunteer	Reporting period from to
A) Community-delivered integrated malaria elimination volunteer's activity reco	ord		(B) Community-delivered integrated malaria elimination volunteer's special unique situation
Date Activities	Detailed description		

Date	Activities	Detailed description

activities

Health education

Patient referral

• Bed net distribution

- DOTS to TB cases
- Malaria case investigation
- Population and bed net data collection
- Larva control activities
- Assistance in vaccination

							Case notification		er (Yes/No)		ot contact)	Re-te	esting RDT	
No	Date	Name	Age	Sex	Address	Positive malaria species(P.f, P.v, Mix)	Notify (Yes/No)	Notify within 24 hours (Yes/No)	Preliminary case investigation by volunteer (Yes/No)	DOTS (Yes/No)	Treatment completion (Yes/No/Cannot contact)	Testing within 28 days (Yes/No)	RDT re-test result	Remark
э														

ORS

Zinc tablet

• RDT / medicines stock out (Yes/No)

Name of volunteer

• Total duration of stock out

Stock out material

• Remark

Date

Paracetamol

(Tablet)

Description

Previous remaining

Received this month

Current balance

balance

Total

Paracetamol

(Syrup)

Multi-vitamin

CIME Referral Form

		Date
Name	Age years	Gender
Address		
Referred health centre		
Reason for referral		
		Volunteer's
		Signature
		Name
		Address
		(Receipt for volunteer)
	CIME Referral Form	
		Date
Name	Age years	Gender
Address		
Referred health centre		
Reason for referral		
		Volunteer's
		Signature
		Name
		Address
		(Receipt for referred health centre)
	CIME Referral Form	
		Date
Name	Age years	Gender
		Health personnel's
		Signature
		Name
		Designation
		Facility
		(Receipt to send back to volunteer)