

NOTIFICATION DATA	2 Notification date:	3 Detection type:	4 Symptoms:	5 Notifying State:
	<input type="text"/>	<input type="checkbox"/> 1-Passive <input type="checkbox"/> 2-Active	<input type="checkbox"/> 1-Symptoms present <input type="checkbox"/> 2-No symptoms	<input type="text"/>
	6 Notifying Municipality:	7 Code of Notifying Municipality:		
	<input type="text"/>	<input type="text"/>		
	8 Notifying Health Unit:	9 Code of Notifying Health Unit:		
	<input type="text"/>	<input type="text"/>		
	10 Name of Notifying Health Worker:	11 Code of Notifying Health Worker:		
	<input type="text"/>	<input type="text"/>		

PATIENT DATA	12 Patient's name:	<input type="text"/>			
	13 National Health Card Number:	14 Date of Birth:	15 Age:	<input type="checkbox"/> Age <input type="checkbox"/> Month <input type="checkbox"/> Year	
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	16 Gender:	17 Is patient pregnant?	1-1 st Trimester 2-2 nd Trimester 3-3 rd Trimester 4-Gestational age ignored 5-No 6-Does not apply		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>			
	18 Schooling:	0 - Illiterate 1 - 1 st to 4 th grade Elementary School Education incomplete 2 - 2 nd to 4 th grade Elementary School Education complete 3 - 5 th to 8 th grade Elementary School Education incomplete 4 - Elementary School Education complete 5 - High School Education incomplete 6 - High School Education complete 7 - Unfinished university degree 8 - Full university degree 10 - Does not apply			
	<input type="checkbox"/>				
19 Race/Color:	20 Mother's name:				
<input type="checkbox"/> 1-White <input type="checkbox"/> 2-Black <input type="checkbox"/> 3-Yellow <input type="checkbox"/> 4-Brown <input type="checkbox"/> 5-Indigenous	<input type="text"/>				
21 Principal activity in the last 15 days:	1 - Agriculture 2 - Livestock raising 3 - Domestic duties 4 - Tourism 5 - Mining 6 - Farming 7 - Hunting/Fishing 8 - Construction of dams/highways 9 - Quarrying 10 - Traveling 11 - Others				
<input type="checkbox"/>					
22 Patient's Address:	23 Other country of residence:				
<input type="text"/>	<input type="text"/>				
24 State of Residence:	25 Municipality of Residence:	26 Municipality Code:			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
27 Location of Residence	28 Code of Location of Residence:				
<input type="text"/>	<input type="text"/>				
29 Date First Symptoms Occurred:	30 Has the patient received treatment for vivax malaria in the last 60 days?	31 Has the patient received treatment for falciparum malaria in the last 40 days?			
<input type="text"/>	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No			

PROBABLE PLACE OF INFECTION	32 Other country where infection could have occurred:	33 State where infection could have occurred:		
	<input type="text"/>	<input type="text"/>		
	34 Municipality where infection could have occurred:	35 Municipality code where infection could have occurred:		
<input type="text"/>	<input type="text"/>			
36 Place where infection could have occurred:	37 Place code where infection could have occurred:			
<input type="text"/>	<input type="text"/>			

TEST DATA	38 Date of Test:	39 Type of Test:	40 Test Results:	41 Parasites per mm ³ :
	<input type="text"/>	<input type="checkbox"/> 1-Thick blood smear <input type="checkbox"/> 2-RDT	1- Negative; 2- F; 3- F+FG; 4- V; 5- F+V; 6- V+FG; 7- FG; 8- M; 9- F+M; 10- Ov; 11-No F	<input type="text"/>
	42 Parasitemia counted as "crosses":	43 Other Hemoparasites Researched:		<input type="checkbox"/>
<input type="checkbox"/> 1- < +/2 (less than half a cross); 2- +/2 (half a cross); 3- + (one cross); <input type="checkbox"/> 4- ++ (two crosses); 5- +++ (three crosses); 6- ++++ (four crosses)	1-Negative 2-Trypanosoma sp. 3-Microfilament 4-Trypanosoma sp. + Microfilaria 9-Not Researched			
44 Tester's name:	45 Tester's code:			
<input type="text"/>	<input type="text"/>			

TREATMENT	46 Course of treatment used according to the Malaria Therapy Manual:	47 Treatment Start Date:
	1 - P. vivax or P. ovale infections with chloroquine for 3 days and primaquine for 7 days (short course); 2 - P. vivax, or P. ovale infections with chloroquine for 3 days and primaquine for 14 days (long course); 3 - P. malariae infections for all ages and P. vivax or P. ovale infections in pregnant women and children under 6 months of age with chloroquine for 3 days; 4 - Prevention of frequent relapses by P. vivax or P. ovale with weekly chloroquine for 12 weeks; 5 - P. falciparum infections with the fixed combination of artemether + lumefantrine for 3 days; 6 - P. falciparum infections with fixed combination of artesunate + mefloquine for 3 days; 7 - P. falciparum infections with quinine for 3 days, doxycycline for 5 days and primaquine for 6 days; 8 - Mixed infections by P. falciparum and P. vivax or P. ovale with Artemether + Lumefantrina or Artesunate + Mefloquine for 3 days and Primaquine for 7 days; 9 - Uncomplicated P. falciparum infections in the first trimester of pregnancy and in children under 6 months with quinine for 3 days and clindamycin for 5 days; 10 - Severe and complicated P. falciparum malaria in all age groups; 11 - P. falciparum infections with the fixed combination of artemether + lumefantrine for 3 days and single dose primaquine; 12 - P. falciparum infections with the fixed combination of artesunate + mefloquine for 3 days and single dose primaquine; 13 - P. vivax or P. ovale infections with chloroquine for 3 days and weekly primaquine for 8 weeks under medical supervision 99 - Other course used (by doctor) - describe:	<input type="text"/>

RAPID TEST FOR USE OF PRIMAQUINE	48 Rapid test result for use of Primaquine:	<input type="checkbox"/> 1-CAN use primaquine daily a <input type="checkbox"/> 2-CANNOT use primaquine daily <input type="checkbox"/> 3-No test done	
	49 Source of information:	50 Has the patient received a blood transfusion in the last 60 days?	
	<input type="checkbox"/> 1-RDT <input type="checkbox"/> 2-Malaria Info Card	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	
	Fill in spaces 51 and 52 only on patient's return on day 5 of treatment		51 Date of last positive malaria test:
<input type="text"/>		<input type="text"/>	
52 Has the patient reported/presented dark urine or yellow eyes?	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-Other - describe:		
<input type="checkbox"/>			
53 Patient's weight (Kg):	54 Patient's telephone number:		
<input type="text"/>	<input type="text"/>		

DISTRICT HEALTH DEPARTMENT STATE CODE MUNICIPALITY	12 Patient's name:	15 Age:
	<input type="text"/>	<input type="text"/>
	1 Notification No:	38 Test Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
48 Rapid test result for the use of Primaquine	<input type="checkbox"/> 1-CAN use primaquine daily a <input type="checkbox"/> 2-CANNOT use primaquine daily <input type="checkbox"/> 3-No test done	
<input type="checkbox"/>		

Proof of exam result to be given to the patient
PATIENT, PLEASE NOTE: If you have dark urine (coca cola color) or yellow eyes, seek for medial assistance.