



Fundação de Medicina Tropical Dr. Heitor Vieira Dourado

Malaria Info Card

Name: _____

Weight (Kg): _____

Date of Birth: ____/____/____

Address: _____

Mother's name: _____

Phone number: _____

RESULTS OF THE RAPID TEST FOR SAFE USE OF PRIMAQUINE:

This patient has had the G6PD test and **CANNOT** use daily primaquine.

Test date: _____/_____/_____

Name of clinic: _____

HCP: _____

Date of malaria test	Result	Treatment	Return date (Return on day 5 of treatment)	Signs and symptoms
____/____/____	<input type="checkbox"/> VIVAX <input type="checkbox"/> FALCIPARUM <input type="checkbox"/> MIXED INFECTION.		____/____/____	<input type="checkbox"/> Dark urine <input type="checkbox"/> Yellow eyes and or skin <input type="checkbox"/> Others, please list:
____/____/____	<input type="checkbox"/> VIVAX <input type="checkbox"/> FALCIPARUM <input type="checkbox"/> MIXED INFECTION.		____/____/____	<input type="checkbox"/> Dark urine <input type="checkbox"/> Yellow eyes and or skin <input type="checkbox"/> Others, please list:
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- If your **urine becomes dark, similar to Coca Cola, your eyes or skin become yellow**, seek medical attention.
 - **Do not stop taking your medicine**, even if you are feeling better.
- Always **show this card to the nurse or your doctor**, if you are suspected of having malaria.



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