Malaria case register (for volunteers)																													
State/Region: Township:tt							Station/Rural Health Center:															Sub-RHC:							
Organization: Village:								_	Name																	rting month & year:			
								Se	×	-	RDT result Positive			\dashv	Status		Antimalaria given			ven					eek ment	ıt	Occupation		
Si	r.	Date	Nam	ne	Age	Address		М	F	Pregnant	Pf			RDT negative	Not severe	Severe	ACT 24	ACT 18	ACT 12	ACT 6	Chloroquine	Primaquine	Referral to health facility	Malaria death	Within 24 hours	Т	History of traveling (within 2-4 weeks)	1. Rubber plantation 2. Agriculture 3. Construction 4. Forestry 5. Mining 6. Others	Remark
L		Total																											
Мо			Malaria RD	Т	ACT 24		ACT 18		ACT 12				ACT 6			Chloroguine				Primaquine									
	Remaining from previous month																										Signature:		
	- 1	Received for this month																									Name: Village:		
	Total This month usage																									-	Village: Organization:		
	Closing balance											-														-			
		Josnig Dalarice				I																							