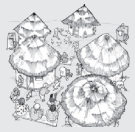
Community Based Distributor Patient Register

Community Case Management Program

Name of CBD: _____ **Month:** _____

Village: _____ **Year:** _____

PHU: _____ **CBD No:** _____

No.	Date	Patient's Name	Village 	Sex		Age		Fever		Diarrhea		Cough		Pneumonia	Breaths Per Minute	Referred
						2–11 months	1–5 years	<24 hours	>24 hours	<24 hours	>24 hours	<24 hours	>24 hours			
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