Kenya National Micronutrient Survey
Referral Form

Please refer all children in study who are found to have a Hb < 7.0, severe acute malnutrition (positive oedema or MUAC <12.5 cm), or clinical malaria (fever + positive RDK) or adults with severe anemia or malaria. Subjects should be referred to the nearest government health facility.

Date: _____/_____/2011            Name of subject: _______________________      Village: _____________

Hemoglobin: __________ g/dL                 Oedema present?   Y  /   N              MUAC: _______ cm

Rapid malaria diagnosis:  Positive / Negative

Presumed Diagnosis:   [ ] severe anemia   [ ] severe malnutrition   [ ] clinical malaria
[ ] other: _______________________

Signature of team nurse:  ______________________________________________

Filled by clinic attendant staff:               Name of Clinic: ________________________

Please mark action taken:
[ ] Iron supplementation   [ ] Blood transfusion   [ ] Artemisin   [ ] Other:______________________

Clinic Attendant (Name) _______________________ Signature_________________Date_____________

Questions? Contact study coordinator, Ismail Rage in Nairobi 0721 442 347.