



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 ☐ Artemeisin ☐ Other: _____

Clinic Attendant (Name) _____ Signature _____ Date _____

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



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