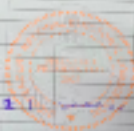




STATE HEALTH SERVICE REPORT FORM NO. 11, 1981
FOR REPORTING OF MALARIA CASES
FOR THE YEAR 1981

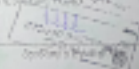
NAME OF DISTRICT: DELTA NAME OF HEALTH DISTRICT: DELTA
 NAME OF HEALTH AREA: DELTA NAME OF HEALTH CENTRE: DELTA
 NAME OF HEALTH OFFICER: DELTA NAME OF HEALTH NURSE: DELTA
 NAME OF HEALTH ASSISTANT: DELTA NAME OF HEALTH ATTENDANT: DELTA
 NAME OF HEALTH CHIEF: DELTA NAME OF HEALTH SUPERVISOR: DELTA
 NAME OF HEALTH OFFICER: DELTA NAME OF HEALTH NURSE: DELTA
 NAME OF HEALTH ASSISTANT: DELTA NAME OF HEALTH ATTENDANT: DELTA
 NAME OF HEALTH CHIEF: DELTA NAME OF HEALTH SUPERVISOR: DELTA

DATE	NAME OF PATIENT	AGE	SEX	RELIGION	EDUCATION	STATUS	DIAGNOSIS	TREATMENT	REMARKS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									



NOTE: (1) PATIENTS
 (2) PATIENTS WHOSE NAME IS NOT KNOWN

1. DELTA 2. DELTA 3. DELTA 4. DELTA 5. DELTA 6. DELTA 7. DELTA 8. DELTA 9. DELTA 10. DELTA



DATE: 1981 PAGE: 1

STATEMENT OF RECORD
DELTA STATE