## INVESTIGATION REPORT FOR DEATH DUE TO MALARIA

Investigation to be done by District Malaria Officer/AMO/ District VBD Consultants in consultation with a Medical Officer

						ate of Inves	<del></del>	
Basic inform	nation•							
		1	Age (in years)Sex					
<ul> <li>In adult fer</li> </ul>	male, indic	ate status	of pregi	of pregnancy and its complications, if any:				
<ul> <li>Date of on:</li> </ul>	set of illne	ss	Date of Death					
			alth care	provider (A	SHA/MPW/	SC/PHC/CH	C/District Hos	pital/ C
(specify) _	C.1 1						<del></del>	
- Complete a	address (us	uai piace						
<ul><li>Place wher</li><li>History of</li></ul>			3 wooks	preceding fro	om the date	of onset of ill	 Inacc)	
- Thistory or	movement	s (within	J WEEKS	preceding in	om me date	or onset or in	illess)	
<ul> <li>Source of i</li> </ul>	information	n: Relativ	es/Paran	nedical staff/	Treating phy	ysician/ Spec	ialist/other (spec	cify)
Major Signs	and symp	otoms (S/	S) with	duration:				
S/S	Duration	S/S		Duration	S/S	Duration	S/S	Durat
Fever	Duration	Anaemia		Duration	Jaundice	Duration	Rash	Durat
Bleeding		Diarrhoea			Dyspnoea		Oliguria/anuria	
Neck rigidity		Altered Sensorium			Convulsions		Coma	
	nptoms:						l	
51g.1.5, 5, 1.								
	illness in f		U					
Parasitologie Date	cal Investi	gation:		_				
Parasitologie Date	cal Investi		Т	Place of to		Results (Pf/Pv/Other)	Date of I	
	cal Investi	gation:	Т	_		Results	Date of I	Receipt o
Date  RDT  Blood slide	Da Testing/0	igation: ate of RD Collection	T of slide	Place of te	est	Results (Pf/Pv/Other)	Date of I	Receipt o
Date  RDT  Blood slide	Testing/G	gation: ate of RD Collection thologica	T of slide	Place of te	est	Results (Pf/Pv/Other)	Date of I	Receipt o
RDT Blood slide Other Bioch Diagnosis:	Testing/o	gation: ate of RD Collection thologica Diagnos:	T of slide	Place of to	est e (specify):	Results (Pf/Pv/Other)	Date of I	Receipt of
RDT Blood slide Other Bioch Diagnosis:	Testing/G  Testing/G  Aemical/Pa  Clinical Diagnosis: I	ate of RD Collection  thologica  Diagnos Malaria (I	of slide  al investi  is:  Pf or PV	Place of te	e (specify):	Results (Pf/Pv/Other)	Date of I	Receipt of
RDT Blood slide Other Bioch Diagnosis: Confirmed D	Testing/o  Testing/o  Testing/o  Clinical Diagnosis: I	thologica Diagnos: Malaria (I	T of slide  al investi is:Pf or PV on:	Place of to	e (specify):	Results (Pf/Pv/Other)	Date of I	Receipt of
Date  RDT Blood slide  Other Bioch  Diagnosis: Confirmed D  Treatment b  Details of Treatment b	Clinical Diagnosis: I Defore hospreatment g	thologica Diagnos: Malaria (I	of slide  al investi  is:  Pf or PV  on: ore hospit	Place of to	e (specify):	Results (Pf/Pv/Other)	Date of I	Receipt of
RDT Blood slide Other Bioch Diagnosis: Confirmed D Treatment b	Clinical Diagnosis: I Defore hospreatment g	thologica Diagnos: Malaria (I	T of slide  al investi is:Pf or PV on:	Place of to	e (specify):	Results (Pf/Pv/Other)	Date of I	Receipt of
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Date  RDT Blood slide  Other Bioch  Diagnosis: Confirmed D  Treatment b  Details of Treatment b	Cal Investi  Day Testing/ Testing/  Clinical Diagnosis: Investore hospreatment grug	thologica Diagnos: Malaria (lapitalizati iven befo	of slide  al investi  is:  Pf or PV  on:  Dose	Place of te	e (specify):	Results (Pf/Pv/Other)	Date of I res	Receipt of
Date  RDT  Blood slide  Other Bioch  Diagnosis:  Confirmed D  Treatment b  Details of Treatment of Dreatment	Cal Investi  Day Testing/ Testing/  Clinical Diagnosis: Investore hospicatment group  Tug	thologica Diagnos: Malaria (lapitalizati iven befo	of slide  al investi  is:  Pf or PV  on:  Dose	Place of te	e (specify):	Results (Pf/Pv/Other)	Date of I res	Receipt of
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Date  RDT Blood slide  Other Bioch  Diagnosis: Confirmed D  Treatment b Details of Tr  Name of Dr  Treatment a  Name of Dr	Cal Investi  Day Testing/ Testing/  Clinical Diagnosis: Investor hospital Testing/  Clinical	thologica Diagnose Malaria (I pitalizati iven befo	T of slide  al investi is: Pf or PV on: Dose  nospital:	Place of te	e (specify):  Date	Results (Pf/Pv/Other)	Route of Administration	Receipt of sult

Post-mortem diagnosis (if undertaken)\_

9.	Public health follow-up preventive/control actions taken by St affected area:	ate/District/local health authorities in
10.	Remarks of the investigating officers:	
Name Assist	e and Signature of DMO/ tant DMO/VBD Consultant	Name/ Signature Medical Officer