

Annex 2Giii: IDSR Monthly Reporting Form

HEALTH FACILITY LEVEL

ROUTINE MONTHLY NOTIFICATION FORM: IDSR 003

Reporting Health Facility (HF):

LGA:

State:

Reporting Week:

Year:

NATIONAL TECHNICAL GUIDELINES FOR INTEGRATED DISEASE SURVEILLANCE AND RESPONSE

CHAPTER 2: REPORT PRIORITY DISEASES, CONDITION AND EVENT

SN	DISEASE	Cases out-patients								Cases in-patients								Total cases in & out patient	DEATHS								
		0-28 days	1-11 months	12-59 months	5-9 years	10-19 years	20-40 years	>40 years	Total	0-28 days	1-11 months	12-59 months	5-9 years	10-19 years	20-40 years	>40 years	Total		0-28 days	1-11 months	12-59 months	5-9 years	10-19 years	20-40 years	>40 years	Total	
1	Sexually Transmitted Infections (STIs):																										
1a	Vaginal discharge																										
1b	Genital Ulcer																										
1c	Urethral discharge																										
1d	Others STIs																										
xx	NON-COMMUNICABLE DISEASES / CONDITIONS / EVENTS																										
2	Adverse Events following immunization																										
3	Diabetes Mellitus (New cases)																										
4	Hypertension																										
5	Injuries (Road Traffic Accident)																										
6	Malnutrition in children under 5 years of age																										
7	MNS Disorder (Epilepsy, Schizorphernia depression etc)																										
8	Severe pneumonia in children under 5 years of age																										
9	Sickle Cell Disorder (New cases)																										

Name of Reporting Officer

Signature

Date

Signature

Date