## NAME OF THE HOSPITAL:

## COMMUNICABLE /NOTIFIABLE DISEASES

COMMUNICABLE /NOTIFIABLE DISEASES												
									Parasites	antiparasites		
							Clinical / Provisional			Antibiotic Sensitive to		
S No	D.O.R	UHID	NAME AND ADDRESS	۸۵۵	Sav	D.O.A	Diagnosis	Investigation	Microbes Identified	Microbes	Final Diagnosis	Outcome of Treatment
3. NO.	D.O.K	UNID	NAME AND ADDRESS	Age	Sex	D.O.A	Diagnosis	ilivestigation	wicrobes identified	Wilciobes	Filiai Diagliosis	Outcome of freatment
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D.O.R - Date of Registration UHID - Unique Hospital Identification D.O.A - Date of Administration