Annex A: Checklist of Eligibility Criteria for OTC Benefits Package for SAM

Republic of the Philippines
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Case No._____

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX □ Male □ Female
	2. PhilHealth ID Number □□ - □□□□□□□□□□ - □	
B. MEMBER	**(Answer only if the patient is a dependent; otherwise, write, "same as above")** 1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number □□ - □□□□□□□□□□ - □	

Place a (√) in the status column if YES or write NA, if not applicable

Eligibility Criteria	Status
Infants zero (0) to less than six (< 6) months: 1. Weight-for-Length (WFL) Z-score cut-off of < -3 SDs; AND	
2. Presence of bilateral pitting edema; AND	
3. No medical complications	
Child (6 months to 60 months old) 1. WFH or WFL Z-score cut-off of <-3 SDs; OR Mid-Upper Arm Circumference (MUAC) <115mm (11.5cm); AND	
2. Presence of bilateral pitting edema (any of the following grade); AND	Tick only one: □ Grade 1 □ Grade 2 □ Grade 3
3. Passed appetite test; AND	
4. No medical complications	

Certified correct by:	Conforme by:
(Printed name and signature) Attending Physician	(Printed name and signature) Patient/ Parent/Guardian
PhilHealth Accreditation No.	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	