

	Reg. #	SAM No.	Patient's Name (surname, first name)	Patient's Name/ Caregiver's name	Address & Phone No.	Entry to Facility										
						Type of Entry	Transfer from	Sex F/M	DOB mm/dd/yy	Age (months)	Date mm/dd/yy	Wt (kg)	Ht (cm)	WH Z	Edema 0,1,2,3	MUAC (mm)
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	Exit to Facility						Type of Exit		Date of minimum weight mm/dd/yy	Minimum weight (kg)	Observation
	Date mm/dd/yy	Wt (kg)	Ht (cm)	WH Z	Edema 0,1,2,3	MUAC (mm)	Type	Transfer out			
								Code of the OTC/ ITC			
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