

	Status
eligibility criteria for continuous KMC are met	
7. Proceeded with KMC as per policy or protocol until eligible for discharge.	
8. Arrangements for follow-up with other services and outpatient KMC clinic scheduled, as needed.	

Certified correct by:		Conforme by:	
(Printed name and signature) Attending Physician		(Printed name and signature) Parent/Guardian	
PhilHealth Accreditation No.	<input type="text"/>	Date signed (mm/dd/yyyy)	
	<input type="text"/>		
Date signed (mm/dd/yyyy)			