



REPUBLIC OF NAMIBIA
Ministry of Health and Social Services

Monthly Disease and Disability Report Form

Village(s) in HEW Catchment Area: _____ Reporting submission date: ____ / ____ / ____ Reporting month: _____

Name of HEW: _____ Signature: _____

Name of Supervisor: _____ Signature: _____

Disease/Disability	Number of Cases						Total
	Male			Female			
	0 - 4 years	5 - 14 years	≥ 15 years	0 - 4 years	5 - 14 years	≥ 15 years	
FIRST AID							
Accidents/injuries detected							
Accidents/injuries managed							
Accidents/injuries referred							
MALARIA							
Malaria cases detected (RDT)							
Malaria cases treated							
Malaria cases referred							
Suspected malaria cases referred							
DISABILITY							
Visual impairment							
Hearing difficulty							
Speech difficulty							
Movement difficulty							
Learning difficulty							

Observations, opinions and suggestions in the month: