Noble

1. General Information

Facilitator _____ Department _____

Position _____ Project Area _____

Date _____ Signature _____

2. Sponsor-Child Information

Full Name _____ ID-Number _____

3. In whoch condition did the Child reach the office?

_____

_____

_____

_____

4. Kind of pain/ problem

_____

_____

5. Diagnose of the Doctor

_____

_____

_____

_____

6. Kind of Treatment

_____

_____

7. Sickleave

Child does not go to school from _____ to _____ (Date)

8. Refer to Nazreth/ Addis Ababa

☐ Child must get refered to another hospital (Official refering letter should get attatched)