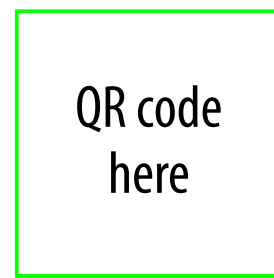


EXAMPLE ONLY

Malawi Ministry of Health

EXAMPLE ONLY

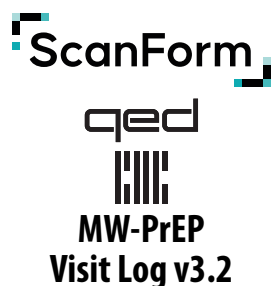
PrEP Visit Log Page 1



PrEP Delivery Points			
Code	Facility	Code	Community
2	ANC	15	Mobile
4	STI	17	Other
11	OPD	21	Outreach
12	Other (DIC, etc.)		
20	Family Planning		



Book Number 123
Page Number 123



Client Details

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

Full Name, Phone Number

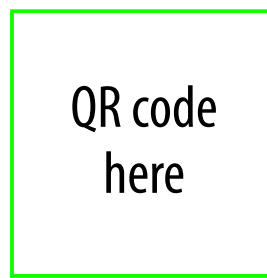
Full Name, Phone Number

Row No.	Visit Date*		Delivery Point	PrEP Registration ID*				HTS Link ID*				Sex/Pregnancy*		Age*	BP*		Height*	Weight*	Kidney Risk Factors					
	dd	mm		Program	Book	Record	Check	Program	Book	Page	Row	Check	M	F	NP	FP	FBF	sys	dias	cm	kg	Yes	No	ND
1				P	R	P		H	T	S														
2				P	R	P		H	T	S														
3				P	R	P		H	T	S														
4				P	R	P		H	T	S														
5				P	R	P		H	T	S														
6				P	R	P		H	T	S														
7				P	R	P		H	T	S														
8				P	R	P		H	T	S														
9				P	R	P		H	T	S														
10				P	R	P		H	T	S														
11				P	R	P		H	T	S														
12				P	R	P		H	T	S														
13				P	R	P		H	T	S														
14				P	R	P		H	T	S														
15				P	R	P		H	T	S														

EXAMPLE ONLY

EXAMPLE ONLY

PrEP Visit Log Page 2

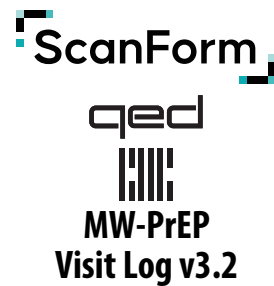


Book Number 123
Page Number 123

Discard Right & Left Page
Photo Taken

INSTRUCTIONS
Filling out
* Cross an oval with an X.
* Use square boxes for numbers and letters.
* Write exactly one letter /digit in one box.
* Questions marked with an asterisk * are mandatory.

Correcting Mistakes
* When you make a mistake in, shade it and write the correct answer close to it. Below a mistake is corrected to "W".
w
T O



Row No.	Liver Risk Factors*	STI Screening*	Side Effects*	Injectable PrEP*		Oral PrEP*		Condoms Given*		Contraception Assessment*		Visit Outcome*		Next appointment and Outcome Date		Implementation Error	Comments	Discard Row
				CAB-LA	LEN	TDF/3TC	Continuous Oral	Condoms Male	Condoms Female	On effective FP	No FP Need	At This Facility	Transfer Out	dd	mm			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

EXAMPLE ONLY

EXAMPLE ONLY