



SMC TALLY SHEET

(New Tally Sheet to be completed by CHW and HFW each day of each cycle)

I	Tally Sheet Nº: State:			:	, , ,		LGA:	. , ,		
	Ward: Settlemen			ement:	t: Healt			th Facility:		
	Name of person completing Tally Sheet:				Date:					
								<u>_//</u>		
	SMC CYCLE:		Cycle 2	Cycle 3		D1		_ D2		
	(A) Fill 1 circle per child for each child that successfully RECEIVED a dose of SPAQ			ly F	(B) Fill 1 circle for each child given another dose of SPAQ after VOMITING			(D) Fill 1 circle for every child REFERRED to the health facility		
	(A) MALE				(B) MALE		(D) MALE			
	3 to <12 months	to <12 months 12 to 59 months		3	3 to <12 months	12 to 59 m	nonths	3 to <12	2 months	12 to 59 months
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25	00000	00000	0000		(B)	1				EMALE
30	00000	00000	0000		00000	000	OO	000	000	00000
35	00000	00000	0000	-	00000	0000		000	000	00000
40	00000	00000	0000		00000	000	00	000	000	00000
	Total =	Total =		Т	otal =	Total =		Total =		Total =
	(A) FEMALE				(C)		(E)			
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50 55	00000 00000 00000 00000	00000	0000		DROPPED of 3 to <12 months	12 to 59 r	nonths	(Exclu	NOT ELIGIE Jded childr (E) M	BLE for SMC. en given referral) MALE
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(New Tally Sheet to be completed by CHW and HFW each day of each cycle)

	DAILY ADVERSE EVENTS reported by HF on PV Form							
Severe Vomiting	Abdominal Pain	Skin Reaction	Weakness	Other				
00000	00000	00000	00000	00000				
00000	00000	00000	00000	00000				
00000	00000	00000	00000	00000				

Starting in the 2nd cycle, check the Child Record Card and fill 1 circle for each child who received a full 3 day course of SPAQ the previous cycle and SP +AQ by DOT this cycle.

RECEIVED 2 CYCLES OF SPAQ		RECEIVED 3 Cy	CLES OF SPAQ	RECEIVED 4 CYCLES OF SPAQ		
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