Deworming Record for Community:	DATE (dd/mm/yy):				SITE/SCHOO	LG	A:	STATE:				TEAM			
Instructions: Register entire community. Report site totals as instructed. NAME:	SEX M/F	Date of Birth			AGE in ' MONTHS since	Pregnant		Breast feeding		Albendazole 400mg	Number of tablets	WEIGHT * (kg) to.1	HEIGHT* (cm) to .1	Praziquantel 600mg Number of Tablets	
		dd	mm	уу	YEARS	MONTHS	S	_	YES	NO Brea	Albenda	Number	WEIGHT	HEIGHT*	Praziqua Number
Page totals: ©2010 MAMA Project, Inc. * If including Schistosomia:	sis cc	ntrol in	ramna	ian eith	er weight o	r height is	nee	ded t	to co	alcul,	ate D	razio	mantel d	nse	
SECTO IVICIVICE L'IOLEGI, ITIG. IL ITIGIUUITIU SCHISUSUMIIA	JIJ 61	andol III	ı varrıpd	ıyıı, tilli	or weight 0	n neignt is		u c u I	.U UC	aiculi	at C C	1 aziu	iuaritti U(JOC	