Fax No. 24601 832 / Tel 24601921

Sultanate of Oman
Ministry of Health
Directorate General of Health Affairs
Dept. of Communicable Disease Surveillance Control

Weekly Negative Surveillance Report on Acute Flaccid Paralysis, Neo-natal Tetanus & Fever & Rash Illness

To : Dept. of Communicable Disease Surveillance & Control

Institution :	Reporting period :	
Region :	Date of Notification:	Week No. :

Any case of Acute Flaccid Paralysis detected ? Yes / No (if yes give details)

Name	Age	Sex	Village	Wilayat	Date of Admission	Date of Notification

Any case of Neo-natal Tetanus detected ? Yes / No (if yes give details)

Name	Age	Sex	Village	Wilayat	Date of Admission	Date of Notification

Any case of Fever & Rash detected ? Yes / No (if yes give details)

Name	Age	Sex	Village	Wilayat	Date of Admission	Date of Notification

Signature of MOIC **Head of Paediatrics** **Head of Internal Medicine** **Head of Medical Record** **Focal Point**

[All the above concerned should sign]

Note : Please attach a copy of Case Notification Form

Official Stamp