

## [COUNTRY] [YEAR] MIS REFERRAL FORMS

**Anemia Referral** to be given when child's hemoglobin level is **less than 8.0 g/dL**.

### [COUNTRY] MALARIA INDICATOR SURVEY: Anemia Referral

During the [YEAR] [COUNTRY] MIS \_\_\_\_\_ (Name), age \_\_\_\_  
\_\_\_\_ years, was tested for anemia on \_\_\_\_/\_\_\_\_/\_\_\_\_. His/her level of hemoglobin was  
\_\_\_\_. \_\_\_\_ g/dl, which indicates he/she has severe anemia. This child needs medical attention for  
the anemia.

**Severe Malaria Referral** to be given when child has a **positive RDT** and displays **signs of severe malaria**.

### [COUNTRY] MALARIA INDICATOR SURVEY: **Severe** Malaria Referral

During the [YEAR] [COUNTRY] MIS \_\_\_\_\_ (Name), age \_\_\_\_  
years, was tested for malaria on \_\_\_\_/\_\_\_\_/\_\_\_\_, with a Rapid Diagnostic Test (RDT). He/she  
tested positive for malaria, and is displaying the following signs of severe malaria:

\_\_\_ EXTREME WEAKNESS

\_\_\_ HEART PROBLEMS

\_\_\_ LOSS OF CONSCIOUSNESS

\_\_\_ RAPID OR DIFFICULT BREATHING

\_\_\_ SEIZURES

\_\_\_ ABNORMAL BLEEDING

\_\_\_ JAUNDICE OR YELLOW SKIN

\_\_\_ DARK URINE

\_\_\_ HEMOGLOBIN LEVEL OF \_\_\_\_ . \_\_\_\_ g/dl (LESS THAN 8.0G/DL)

He/she appears to be very ill and did not receive treatment for the malaria. **THIS CHILD NEEDS  
TO BE TAKEN TO A HEALTH FACILITY RIGHT AWAY.**