**CHIMIO PREVENTION DU PALUDISME SAISONNIER**

**AU TOGO**

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| --- |
| **Fiche de référence de l’ASC**  |

Nom de l’ASC: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

District: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ FS : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Nom de la localité de l’enfant (quartier, village, ferme, hameau)\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Cycle : 1er mois 2ème mois 3ème mois 4ème mois Date de référence: \_\_\_/\_\_\_\_/\_\_\_\_\_\_/

|  |  |
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| Nom et prénoms de l’enfant ………………………........Age (en mois) : /\_\_\_\_\_/ Sexe M /\_\_/ F /\_\_/ Date de la prise de SPAQ . .…/……/………/  | **Motif de référence:** Vomissements /\_\_/Grattage /\_\_/ Boutons sur la peau /\_\_/Somnolence /\_\_/Douleurs abdominales /\_\_/Jaunisse /\_\_/Autre /\_\_/ Date d’apparition de l’effet indésirable : ....…/……/……..../ |

**Autre motif de référence (préciser) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

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Cycle : 1er mois 2ème mois 3ème mois 4ème mois Date de la référence: \_\_\_/\_\_\_/\_\_\_\_\_\_/

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 **Autre motif de référence (préciser) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**