Appendix Di - Routine VAS registration form - health facility level   Data rolled up to health facility reporting form Dii
Example from Ethiopia

ROUTINE VITAMIN A SUPPLEMENTATION AND DEWORMING REGISTRATION BOOK

Nb	Full name of child	Name of mother or care giver	Address (Gott & Kebele)	Sex (F/M)	Birth date (dd/mm/yy)	Age of child in month	1st contact (when child is 6 months old)		2nd contact (when child is 1 years old)		3rd contact (when child is 18 months old)		4th contact (when child is 2 years old)			5th contact (when child is 2.5 years old)			6th contact (when child is 3 years old)			7th contact (when child is 3.5 years old)			8th contact (when child is 4 years old)			9th contact (when child is 4.5 years old)			10th contact (when child is 5 years old)		
							Date (dd/mm/yy)	Received 1 capsule of Vit. A (100,000 IU) (Y/N)	Date (dd/mm/yy)	Received 2 capsules of Vit. A (100,000 IU) (Y/N)	Date (dd/mm/yy)	Received 2 capsules of Vit. A (100,000 IU) (Y/N)	Date (dd/mm/yy)	Received 2 capsules of Vit. A (100,000 IU) (Y/N)	Has been dewormed (Y/N)	Date (dd/mm/yy)	Received 2 capsules of Vit. A (100,000 IU) (Y/N)	Has been dewormed (Y/N)	Date (dd/mm/yy)	Received 2 capsules of Vit. A (100,000 IU) (Y/N)	Has been dewormed (Y/N)	Date (dd/mm/yy)	Received 2 capsules of Vit. A (100,000 IU) (Y/N)	Has been dewormed (Y/N)	Date (dd/mm/yy)	Received 2 capsules of Vit. A (100,000 IU) (Y/N)	Has been dewormed (Y/N)	Date (dd/mm/yy)	Received 2 capsules of Vit. A (100,000 IU) (Y/N)	Has been dewormed (Y/N)	Date (dd/mm/yy)	Received 2 capsules of Vit. A (100,000 IU) (Y/N)	Has been dewormed (Y/N)
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