

CBA ID no. L 012-04

Community Based Newborn and Maternal, Child Health Initiative  
(CBNB & MCHI)

Clinical Care Form

12) Were there any complications (specify)? There were no complications only the baby had difficulty in breathing and failing to feed properly.

13) Are you comfortable giving children antibiotics at home?  
\_\_\_\_\_

*If child died fill in infant death form*

*M. Nanna  
P1*

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| For Supervisor   |
| Form checked by: Name _____ Date _____   |
| Correction if any _____  |
| Any unusual or different observation if noted _____                                    |
| _____  |
| Whether the form is complete? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Signature: _____<br>Supervisor   |