



## 2.1

# Primary Care Sore Throat/ARF Cover Sheet

For Primary Care Facilities

Person Conducting Records Review:

Date(s) of Records Review:



This one-month review covers the period  DD / MM / YYYY to  DD / MM / YYYY

Tick whichever applies

For Sore Throat

For Acute Rheumatic Fever (Following Month)

Please tick all that apply.

Facility Name and Country:

Facility Type

- Public/government
- Private for-profit
- Private not-for-profit
- Philanthropic/Charity/NGO/faith-based

Population Served  
(as defined by each country)

- Rural
- Urban
- Other. Please describe

Service Area

- Village
- District
- Regional
- Other, please describe

IEC/IRB Approval Number and Date

Name of facility personnel providing access to records:

Title:

Email (Primary):

Alternate contact person name:

Mailing Address of facility Records Department:

Phone (Office):

Phone (Cell):

Physical Address where record review was conducted:

GPS coordinates of facility:  
(Please refer to Operations Manual for instructions if needed.)

What is the approximate catchment area/  
population size served by this facility?