

DATE: \_\_\_\_\_  
 REGION/PROVINCE: \_\_\_\_\_  
 DISTRICT: \_\_\_\_\_  
 HEALTH CENTER: \_\_\_\_\_

NAME OF RECORDKEEPER: \_\_\_\_\_

### Multiple Micronutrient/Multivitamin Supplementation for Pregnant Women

Beneficiary Personal Information		Beneficiary Status (check appropriate box below)				Infant Information		Multivitamin Distribution Information			
Name	Birthdate	Childbearing Age	Pregnant			Lactating	Infant Due Date	Infant Birthdate (actual)	Distribution Date	# of Doses Distributed	Date of Next Distribution
			1st Trimester	2nd Trimester	3rd Trimester						
<i>Sample Woman #1</i>	<i>16/11/1998</i>	<input checked="" type="checkbox"/>					-	-	<i>12/07/2011</i>	<i>240</i>	<i>12/03/2012</i>
<i>Sample Woman #2</i>	<i>03/01/1978</i>					<input checked="" type="checkbox"/>	<i>30/05/2011</i>	<i>03/06/2011</i>	<i>12/07/2011</i>	<i>90</i>	<i>12/10/2011</i>
<i>Sample Woman #3</i>	<i>25/06/85</i>				<input checked="" type="checkbox"/>		<i>01/09/2011</i>		<i>12/07/2011</i>	<i>30</i>	<i>12/08/2011</i>
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