

**EXIT FORM – SAVE THE CHILDREN – KERRY TOWN EBOLA TREATMENT CENTRE**

**DATE:** \_\_\_\_ / \_\_\_\_ / 2014  
DD / MM / YYYY

**PATIENT ID #:** KT- [ ] - [ ] [ ] [ ] [ ] [ ]  
KT-2 = Triage; KT-3 = Confirmed; KT-4 = morgue

**COMPLETE FORM IN DISCHARGE TENT UPON DISCHARGE FROM ETC**

**Name: Surname** \_\_\_\_\_ **Given name** \_\_\_\_\_

**Mobile #** \_\_\_\_\_ **2<sup>nd</sup> mobile #** \_\_\_\_\_

**Where is the patient going now:** House#/Street (if any) \_\_\_\_\_

District \_\_\_\_\_ Chiefdom/Ward \_\_\_\_\_

Town/village \_\_\_\_\_

**Mode of transportation:**  Save the children vehicle  Taxi  Family  Other

**Is the patient accompanied by SC staff:**  YES  NO

*If yes,* Name of the accompanying person: \_\_\_\_\_

*If no, reason :* \_\_\_\_\_

**Discharge package**

**Solidarity kit provided?**  YES  NO

**Hygiene kit provided?**  YES  NO

**Food ration provided?**  YES  NO

**Condoms provided?**  YES  NO

**Cash provided (Le 750,000)?**  YES  NO

**Certificate of discharge provided?**  YES  NO

**Form completed by (print name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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2014-11-04

Created by Shefali Oza ([shefalita@gmail.com](mailto:shefalita@gmail.com))

The latest version of this form can be found at

<https://wiki.openmrs.org/display/projects/Paper+forms+for+SCI+ETC>