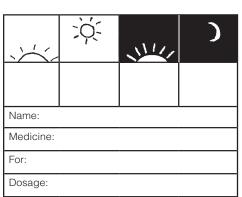
DOSAGE BLANKS-for giving medicines to those who cannot read (see p. 64)

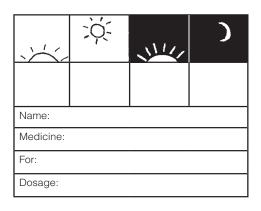
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Medicine:				Medicine:			
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Dosage:				Dosage:			

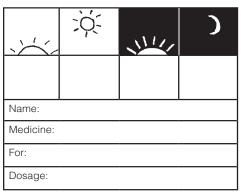
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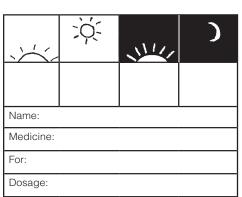
DOSAGE BLANKS-for giving medicines to those who cannot read (see p. 64)

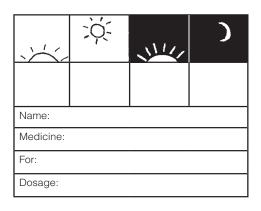
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For:				For:			
Dosage:				Dosage:			

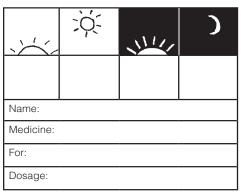
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Medicine:		
For:		
Dosage:		







TO USE WHEN SENDING FOR MEDICAL HELP

Skin:	Name of the sick person:		Age:
When did it begin?    How did it begin?    Has the person had the same problem before?  When?    Is there fever?  How high?  ° When and for how long?    Pain?  Where?  What kind?    What is wrong or different from usual in any of the following?    Skin:  Ears:    Eyes:  Mouth and throat:    Genitals:	Male Female Wh	nere is he (she)?	
When did it begin?    How did it begin?    Has the person had the same problem before?  When?    Is there fever?  How high?  ° When and for how long?    Pain?  Where?  What kind?    What is wrong or different from usual in any of the following?    Skin:  Ears:    Eyes:  Mouth and throat:    Genitals:	What is the main sickness or pro	oblem right now?	
When did it begin?    How did it begin?    Has the person had the same problem before?  When?    Is there fever?  How high?  When and for how long?    Pain?  Where?  What kind?    What is wrong or different from usual in any of the following?  Skin:  Ears:    Eyes:			
When did it begin?			
How did it begin?			
Has the person had the same problem before?  When?    Is there fever?  How high?  ° When and for how long?    Pain?  Where?  What kind?    What is wrong or different from usual in any of the following?  Skin:  Ears:    What is wrong or different from usual in any of the following?  Skin:  Ears:    What is wrong or different from usual in any of the following?  Skin:  Ears:    Eyes:			
Is there fever? How high? ° When and for how long? Pain?Where?What kind? What is wrong or different from usual in any of the following? Skin:Ears: Eyes:Mouth and throat: Genitals: Urine: Much or little?Color?Trouble urinating? Describe:Times in 24 hours:Times at night: Stools: Color?Blood or mucus?Diarrhea? Number of times a day:Cramps?Dehydration?Mild of severe?Worms?What kind? Breathing: Breaths per minute:Deep, shallow, or normal? Difficulty breathing (describe):Cough (describe): Difficulty breathing (describe):Cough (describe): Does the person have any of the SIGNS OF DANGEROUS ILLNESS listed on page 42?Which? (give details) Is the person taking medicine?What? Has the person ever used medicine that has caused a rash, hives (or bumps) with itching, or other allergic reactions?What?	<b>.</b>		
Pain? Where? What kind?    What is wrong or different from usual in any of the following?    Skin: Ears:    Eyes: Mouth and throat:    Genitals:			
What is wrong or different from usual in any of the following?    Skin:			
Genitals:			
Eyes: Mouth and throat:    Genitals:	What is wrong or different from	m usual in any of the foll	owing?
Genitals:	Skin:	Ears:	
Urine: Much or little?  Color?  Trouble urinating?    Describe:  Times in 24 hours:  Times at night:    Stools: Color?  Blood or mucus?  Diarrhea?    Number of times a day:  Cramps?  Dehydration?  Mild or severe?    Breathing: Breaths per minute:  Deep, shallow, or normal?  Bificulty breathing (describe):  Cough (describe):   Wheezing?  Mucus?  With blood?  Steed on page 42?  Which? (give details)   Which? (give details) What?	Eyes:	Mouth and throa	t:
Describe:Times in 24 hours:Times at night: Stools: Color?Blood or mucus?Diarrhea? Number of times a day:Cramps?Dehydration?Mild of severe?Worms?What kind? Breathing: Breaths per minute:Deep, shallow, or normal? Difficulty breathing (describe):Cough (describe): Wheezing?Mucus?With blood? Does the person have any of the SIGNS OF DANGEROUS ILLNESS listed on page 42?Which? (give details) Other signs: Is the person taking medicine?What? Has the person ever used medicine that has caused a rash, hives (or bumps) with itching, or other allergic reactions?What?	Genitals:		
Stools: Color?  Blood or mucus?  Diarrhea?    Number of times a day:  Cramps?  Dehydration?    Mild o  Severe?  Worms?  What kind?    Breathing: Breaths per minute:  Deep, shallow, or normal?  Difficulty breathing (describe):  Cough (describe):    Difficulty breathing (describe):  Cough (describe):  Wheezing?  Mucus?  With blood?    Does the person have any of the SIGNS OF DANGEROUS ILLNESS listed on page 42?  Which? (give details)  Other signs:    Is the person taking medicine?  What?  Has the person ever used medicine that has caused a rash, hives (or bumps)    with itching, or other allergic reactions?  What?  Mucus?  Mucus?	Urine: Much or little?	Color?	Trouble urinating?
Number of times a day:  Cramps?  Dehydration?  Mild of severe?    Breathing:  Breaths per minute:  Deep, shallow, or normal?  Breathing:    Difficulty breathing (describe):  Cough (describe):  Cough (describe):	Describe:	Times in 24 hours:	Times at night:
severe?Worms?What kind? Breathing: Breaths per minute: Deep, shallow, or normal? Difficulty breathing (describe): Cough (describe): Wheezing? Mucus? With blood? Does the person have any of the SIGNS OF DANGEROUS ILLNESS listed on page 42?Which? (give details) Other signs: Is the person taking medicine?What? Has the person ever used medicine that has caused a rash, hives (or bumps) with itching, or other allergic reactions?What?	Stools: Color?	_ Blood or mucus?	Diarrhea?
Breathing: Breaths per minute: Deep, shallow, or normal?    Difficulty breathing (describe): Cough (describe):   Wheezing? Mucus? With blood?    Does the person have any of the SIGNS OF DANGEROUS ILLNESS listed on    page 42?Which? (give details)	Number of times a day:	Cramps? Deh	hydration?Mild or
Difficulty breathing (describe): Cough (describe): Wheezing? Mucus? With blood? Does the person have any of the SIGNS OF DANGEROUS ILLNESS listed on page 42?Which? (give details) Other signs: Is the person taking medicine?What? Has the person ever used medicine that has caused a rash, hives (or bumps) with itching, or other allergic reactions?What?	severe?Worms	s?What kind? _	
Wheezing?Mucus?With blood? Does the person have any of the SIGNS OF DANGEROUS ILLNESS listed on page 42?Which? (give details) Other signs: Is the person taking medicine?What? Has the person ever used medicine that has caused a rash, hives (or bumps) with itching, or other allergic reactions?What?	Breathing: Breaths per minute:	Deep, shallow	w, or normal?
Does the person have any of the SIGNS OF DANGEROUS ILLNESS listed on    page 42?Which? (give details)    Other signs:    Is the person taking medicine?What?    Has the person ever used medicine that has caused a rash, hives (or bumps)    with itching, or other allergic reactions?What?	Difficulty breathing (describe): _		Cough (describe):
page 42?Which? (give details) Other signs: Is the person taking medicine?What? Has the person ever used medicine that has caused a rash, hives (or bumps) with itching, or other allergic reactions?What?	Wheezin	g? Mucus?	With blood?
Other signs:	Does the person have any of t	he SIGNS OF DANGERO	US ILLNESS listed on
Is the person taking medicine?What? Has the person ever used medicine that has caused a rash, hives (or bumps) with itching, or other allergic reactions?What?	page 42?Which? (g	ive details)	
Has the person ever used medicine that has caused a rash, hives (or bumps) with itching, or other allergic reactions? What?	Other signs:		
with itching, or other allergic reactions? What?			
	Has the person ever used medi	cine that has caused a ras	sh, hives (or bumps)
The state of the sick person is: Not very serious:	with itching, or other allergic rea	actions?What	?
	The state of the sick person is: I	Not very serious:	Serious:
Very serious:			

On the back of this form write any other information you think may be important.

TO USE WHEN SENDING FOR MEDICAL HELP

Name of the sick person:		Age:
MaleFemaleWI	here is he (she)?	
What is the main sickness or pro	blem right now?	
When did it begin?		
How did it begin?		
Has the person had the same pr	oblem before?	When?
Is there fever?How hi	gh? ° When and	for how long?
Pain? Where?	What ki	nd?
What is wrong or different from	n usual in any of the follo	owing?
Skin:	Ears:	
Eyes:	Mouth and throat	t:
Genitals:		
Urine: Much or little?	Color?	Trouble urinating?
Describe:	Times in 24 hours: _	Times at night:
Stools: Color?	Blood or mucus?	Diarrhea?
Number of times a day:	_Cramps?Deh	ydration? Mild o
severe? Worms	s? What kind?_	
Breathing: Breaths per minute:	Deep, shallov	v, or normal?
Difficulty breathing (describe):		Cough (describe):
Wheezir	ng?Mucus?	With blood?
Does the person have any of the page 42? Which? (g		
Other signs:		
Is the person taking medicine?	What?	
Has the person ever used medic	cine that has caused a rasl	h, hives (or bumps)
with itching, or other allergic rea	ctions?What	?
The state of the sick person is: N	lot very serious:	Serious:
Very serious:	_	

On the back of this form write any other information you think may be important.

#### TO USE WHEN SENDING FOR MEDICAL HELP

Name of the sick person:		Age:
Male Female	Where is he (she)?	
What is the main sickness	or problem right now?	
Has the person had the sa	ame problem before?	When?
Is there fever? Hov	v high? ° When ar	nd for how long?
Pain? Where?	Wha	at kind?
What is wrong or difforo	nt from usual in any of the	o following?
-	Ears:	-
Eyes:	Mouth and three	oat:
Genitals:		
Urine: Much or little?	Color?	Trouble urinating?
Describe:	Times in 24 hours	s:Times at night:
Stools: Color?	Blood or mucus?	Diarrhea?
Number of times a day:	Cramps?E	Dehydration?Mild or
severe? Wo	rms?What kind	?
Breathing: Breaths per m	inute:Deep, shal	low, or normal?
Difficulty breathing (descr	ibe):	Cough (describe):
Whee	ezing? Mucus?_	With blood?
Does the person have an	iy of the SIGNS OF DANG	EROUS ILLNESS listed on
page 42? Which?	' (give details)	
Other signs:		
Is the person taking media	cine?What?	
Has the person ever used	medicine that has caused	a rash, hives (or bumps)
with itching, or other allerg	gic reactions?Wh	nat?
The state of the sick perso	on is: Not very serious:	Serious:
Very serious:		

On the back of this form write any other information you think may be important.

TO USE WHEN SENDING FOR MEDICAL HELP

Name of the sick person:		Age:	
Male Female Wh	iere is he (she)?		
What is the main sickness or p	problem right now?		
When did it begin?			
How did it begin?			
Has the person had the same	problem before?	When?	
Is there fever?How hi	gh? ° When ar	nd for how long?	
Pain? Where?	Wh	at kind?	
What is wrong or different fr	rom usual in any of the	e following?	
Skin:			
Eyes:	Mouth and the	roat:	
Genitals:			
Urine: Much or little?	Color?	Trouble urinating	J?
Describe:	Times in 24 hour	s: Times at nigh	t:
Stools: Color?	_ Blood or mucus?	Diarrhea?_	
Number of times a day:	Cramps?[	Dehydration?	Mild or
severe? Worms	s? What kind	d?	
Breathing: Breaths per minute	e: Deep, sha	allow, or normal?	
Difficulty breathing (describe)	:	Cough (describe): _	
Wheezin	g?Mucus?_	With blood	?
Does the person have any o	f the SIGNS OF DANG	EROUS ILLNESS listed	d on
page 42? Which? (gi	ve details)		
Other signs:			
Is the person taking medicine	? What?		
Has the person ever used me	dicine that has caused	a rash, hives (or bump	s)
with itching, or other allergic r	eactions?W	'hat?	
The state of the sick person is	: Not very serious:	Serious:	
Very serious:			