DENGUE MONITORING RECORD

Patient's name : ..... I/C No. / Passport : .....

Address : ..... Date of onset of fever : .....

.....

Date	Day of fever	Temp (°C)	BP (mmHg)	PR (min)	Hb (g/dL)	Hct (%)	WCC ($x10^3$/µl)	Platelet ($x10^3$/µl)	Attending Clinic/Tel. No.	Next Appointment