Acute Severe Respiratory Tract Infection patients treated with Oseltamivir

Name of the Institution: .....

Name of the patient	Ward BHT	Age	Sex	POA (If pregnant)	Symptoms and Signs	Date started treatment	Diagnosis	Consultant Signature

Request of Oseltamivir:

Date of request : .....

Oseltamivir tab required : .....

.....
Name of the Director/MS

.....
Signature

.....
Date