

Data on Pregnancy and Sexually Transmitted Infections

Name of the STD clinic	: _____
Period of the return	: __/__/20__ to __/__/20__ (__ Q. of 20__)
Return completed by (Name and designation)	: _____
Checked by (Name and designation)	: _____
Date of completion	: __/__/20__

Name of the MOH area	Number of Pregnant women diagnosed for the Quarter							
	HIV	Early Syphilis	Late Syphilis	GC ¹	NGI ²	Genital Herpes	Genital warts	Other STIs

¹. Gonorrhoea ². Non-gonococcal Infections

Instructions: Please send these antenatal STI data to Director/NSACP, 29, De Saram Place, Colombo 10 before 20th of the month following each quarter.