

Form HA01S continued

Hospital name

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Province ID

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Month(MMYYYY)

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Section C Maternity and Neonatal Services

Normal deliveries	
Assisted deliveries	
Cesarean sections	
Total deliveries	

Live births	
Still births	
Total births	

Early neonatal deaths	
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Section D Outpatient and Casualty Services

	Total Headcount
Outpatient department	
Casualty department	

Section E Form Completion details

Please print

Form completed by

Chief Executive's authorization

Name	
Title	
Date	
Contact tel. number	
Contact fax number	

I confirm that the data on this form has been checked and has been verified to be accurate.	
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Signature	Date