

**KINTAMPO HEALTH RESEARCH CENTRE
KINTAMPO DEMOGRAPHIC SURVEILLANCE SYSTEM**

CHANGES FORM NO

CHANGES (AMENDMENTS) FORM (17/02/05)

Sheet of

CLUSTER CODE

DATE

COMPOUND NUMBER

No	CHANGE TYPE	PERMANENT ID	ORIGINAL INFORMATION	REPLACE MENT INFORMATION
1				
2				
3				
4				
5				
6				
7				

Comments: _____

CORRECTIONS NOTIFIED BY:
 CORRECTIONS AGREED BY:
 ORIGINAL FORMS CORRECTED BY:
 DATABASE CORRECTED BY:
 FILED FORMS CORRECTED BY:

STAFF CODE	DATE
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>

NOTE: IF THE CHANGE IS ON COMPOUND PLEASE FILL (NA) FOR PERM_ID