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|  | **Section B**  | **Section C** | **Section D** |
| **Serial** | **Name of Case** | **Age (months)** | **Village** | **Boma** | **Payam** | **County** | **State** | **Key Informant (Source)** | **Date of onset of paralysis** | **Date of reporting by KI** | **Date of visit of PA** | **Date of referral to CS** | **Date of visit of CS** | **Decision by CS (Recent/Old)**  | **Referred to WHO (Yes/No)** | **Date of referral to WHO** | **Validated by? (WHO/CBS)** | **Outcome of Validation (AFP/not AFP)** | **EPID** | **Samples reached Juba (Yes/No)?** |
| **1** |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |