**HEALTHCARE WORKER IDENTIFICATION LIST**      [TO BE COMPLETED FOR EVERY HEALTHCARE WORKER INCLUDED IN OBSERVATIONS]

FACILITY ID: ___ ___ ___      FACILITY NAME_____      DATE: ___ ___ / ___ ___ / ___ ___      PAGE: ___

| ID | Name | Highest qualification (clinical) | Gender | Age |
|----|------|----------------------------------|--------|-----|
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1= MO= Medical Officer
2= AMO= Assistant Medical Officer
3= CO= Clinical Officer
4= EN/M= Enrolled Nurse/Midwife
9= Specialist doctor e.g. pediatrician

5= RN/M= Registered Nurse/Midwife
6= Nurse attendant
7=Lab technologist
8= Lab technician
10= Other, specify