



DHML M&E 006

MANPOWER DISTRIBUTION

NAME OF MEDICAL FACILITY:.....

DATE:.....

MANPOWER		Number of Staff in the Facility who are:			Remarks
		Uniformed	Civilian		
S/N			Full Time	Part Time	
(a)	(b)	(c)	(d)	(e)	(f)
1.	Medical Doctor -General Practice				
	- Dentist				
2.	Pharmacist				
3.	Physiotherapist				
4.	Laboratory Scientist				
5.	Registered Nurse/Mid-wife				
6.	Pharmacy technician/Assistant				
7.	Laboratory technician/Assistant				
8.	Radiographer				
	Dental therapist				
9.	Dental technician				
10.	Community Health Officer/Social worker				
11.	Nutritionist/Dietician				
12.	Medical Records Officer/Data entry officer				
13.	Counselor (including spiritual)				
14.	Accountant				
15.	Accounts clerk				
16.	Auxiliary Nurses				
17.	Community Health Extension Workers(CHEWS)				
18.	Others(Please Specify)				

Name & Sign of Reporting Officer.....



DHML M&E 006

MANPOWER DISTRIBUTION (SPECIALIST)

NAME OF FACILITY:.....

DATE:.....

MANPOWER		Number of Staff in the Facility who are:			Remarks	
		Uniformed	Civilian			Total
S/N			Full Time	Part Time		
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1.	Internal Medicine					
a.	-Cardiologist					
b.	-Nephrologist					
c.	-Neurologist					
d.	-Pulmonologist(chest)					
e.	-Endocrinologist					
f.	-Dermatologist					
g.	Others(Please Specify)					
2.	Family Medicine Physician					
3.	Public Health Physician					
4.	Psychiatrist					
5.	Surgery					
a.	-General Surgeon					
b.	-Cardio-thoracic Surgeon					
c.	-Neuro-Surgeon					
d.	-Orthopaedic Surgeon					
e.	-Urologist					

(a)	(b)	(c)	(d)	(e)	(f)	(g)
f.	-Plastic Surgeon					
g.	-Oncologist					
h.	-Paediatric Surgeon					
i.	-Otorhinolaryngologist(ENT)					
j.	-Ophthalmologist					
k.	Others(Please Specify)					
6.	Obstetrician &Gynaecologist					
7.	Paediatrician					
8.	Radiologist					
9.	Pathologist					
10.	Anaesthetist					
11.	Dental Surgery					
a.	-General Dentistry					
b.	-Oral &Maxillo-facial Surgeon					
c.	-Orthodontist					
12.	Others(Please Specify)					

Name & Sign of Reporting Officer.....