



APPLICATION FOR RENEWAL OF REGISTRATION OF HEALTH UNIT

1. Calendar year applied for:
2. Name of Health Unit:
3. Owner's Name:
4. Owner Phone No.
5. Owner Email.....
6. Supervisor's Name:
7. Supervisor Phone No
8. Supervisor Email.....
9. Health Unit Locality

RURAL		URBAN (Town/municipality/City)	
Village/Trading Centre		Plot No./Street	
Sub County		Ward	
County		Division	
District		Town	
		District	

10. Category of health unit (tick)

- a. Medical
- b. Dental
- c. Medical and Dental
- d. Hospital
- e. Nursing Home
- f. Maternity
- g. Others

11. Is the Health Unit (tick)

- a. Outpatient Centre
 - b. In-patient Centre
- Bed Capacity

12. Available support facilities:

- 1= Laboratory services
- 2= X-ray/ Ultra sound services
- 3= Radiotherapy
- 4= Ambulance
- Others

Specify.....

Signature of Inspecting Officer.....

Full names of Inspection Officer.....

Title of Inspection Officer.....

Date of Inspection.....

Recommendations of DHO

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Official Seal/Stamp