**Keep a manual tally of the number of National Bowel Cancer Screening Program kits handed out during the mini activity ✓**

Activity time frame: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please use the space below to keep track of how many kits you've given to patients (e.g. by using tallies or checkmarks).*

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**TOTAL =**