

GS2	Worm Infestations																			
GS3	Dysentery																			
GS4	Others-Specify																			
Non communicable diseases																				
NCD1	Hypertension																			
NCD2	Diabetis																			
NCD3	Thyroid																			
NCD4	Hernia																			
NCD5	Any other known diseases																			
Nutritional disorders																				
ND1	Anaemia																			
ND2	Under nutrition																			
ND3	Under Weight(BMI)																			
ND4	Over weight(BMI)																			
ND5	obesity																			
ND6	Any other deficiencies, specify																			
Any other congenital anomalies																				
CA1	Any other																			
CA2	Any other																			
CA3	Any other																			
PREVENTIVE MEDICATION																				
PM1	DPT (5yrs)																			
PM2	TT(10 Yrs)																			
PM3	TT(15 Yrs)																			
PM4	Deworming 1st dose																			
PM5	Deworming 2nd dose																			
PM6	IFA Consumed																			
PM7	Vit A																			
PM8	Children Administered on the spot Medical attention																			
Treatment																				
T1	Spectacles Distributed																			
T2	Aids and Appliances Distributed																			
T3	Weight measurment																			
T4	Height Measurment																			
Activities & Status																				
A1	No. of school having Aarogya Club Formed	No. of schools: _____			NO. of chinnari Doctors _____			Boys _____			Girls _____									
A2	No. of Referral Students Followed up	Number referred _____			No. of surgeries _____			No. treated:-----												
A3	Toilets with water	For Boys _____			For Girls _____			Common toilets _____												
A4	SH Coordinators	Name of the SHC(H) /Contact No : _____					Name of the SHC Edun /Contact No : _____													
A5	No. of SHER Cards updated	Boys _____			Girls _____			Total _____												
A6	Whether JBAR Name Painted on wall or Not?																			
A7	Whether Health Education is conducted during SMC&PTA, School health day/School referral day																			
A8	Date of Mandal level Health review Meeting attended by HM																			
A9	Date of Medical team last visit.																			
A10	JBAR hand book and JBAR Karadeepika available or not																			
A11	Name ,Designation and Contact NO. of the Nodel Teachers																			
Signature/(HM) & Seal:										Signature/(MO)& Seal:										