



<b>Gastro Intestinal System</b>									
GS1	Diarhoea/constipation								
GS2	Worm Infestations								
GS3	Dysentry								
GS4	Others								
<b>Non communicable diseases</b>									
NCD1	Hypertension								
NCD2	Diabetis								
NCD3	Thyroid								
NCD4	Hernia								
NCD5	Any other known disaeases								
<b>Nutritional disorders</b>									
ND1	Anaemia								
ND2	Under nutrition								
ND3	obesity								
ND4	Any other deficiencies, specify								
<b>Any other congenital anomalies</b>									
CA1	Any other								
CA2	Any other								
CA3	Any other								
<b>PREVENTIVE MEDICATION</b>									
PM1	DPT (5yrs)								
PM2	TT(10 Yrs)								
PM3	TT(15 Yrs)								
PM4	Deworming 1st Ddose								
PM5	Deworming 2nd dose								
PM6	IFA Consumed								
PM7	Vit A								
<b>Treatment</b>									
T1	Spectacles provided								
T2	Weight measurment								
T3	Height Measurment								
<b>Activities &amp; Status</b>									
A1	Chinnari doctor	NO. of chinnari doctors		Boys _____	Girls _____	Total _____			
A2	Referral followup	Number referred _____		No. of surgeries _____		Comments _____			
A3	Toilets with water	For Boys _____	For Girls _____	Common _____		Total _____			
A4	SH Coordinators	Health :			Education:				
A5	No. of SHER Cards update	Boys _____	Girls _____	Total _____					
A6	Painted on walls (No. of schools)								
A7	Convergence (SMC & PTA) Scholl health day / School referral day								
A8	Mandal level HMs Review meeting								
Signature:					Signature:				