


**Jawahar Bala Arogya Raksha – School Health 201....-201....
Children Holistic Improvement programe(CHIP)**

Name of the District: _____ Level: Schol/PHC/MRC/CHNC
 Name of the : (School/PHC/MRC/CHNC) _____ Date: _____
 Name& Contact num: _____ No.of Mandals : _____
 No.of PHCs: _____ No.of UHCs: _____ No.of mandals: _____ No.of CHNCs: _____ No.of referral counter: _____
 No. of CHNCs: _____

|  | | NO.of Primary Schools _____ | | NO.of UP Schools _____ | | NO.of High Schools _____ | | Total Schools _____ | |
|---|--------------------------------|-----------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|
| | | Total Roll _____ | | Total Roll _____ | | Total Roll _____ | | Total Roll _____ | |
| Code | Morbidity | No.of students Treated | No. of students Referred | No. of students Treated | No. of students Referred | No. of students Treated | No. of students Referred | No. of students Treated | No. of students Referred |
| DISEASE | | | | | | | | | |
| DERMATOLOGY | | | | | | | | | |
| D1 | Scabies | | | | | | | | |
| D2 | Ringworm | | | | | | | | |
| D3 | Leprosy | | | | | | | | |
| D4 | Others | | | | | | | | |
| OPHTHOLOMOLOGY | | | | | | | | | |
| O1 | Conjunctivitis | | | | | | | | |
| O2 | Refractive errors | | | | | | | | |
| O3 | Stye | | | | | | | | |
| O4 | Squint | | | | | | | | |
| O5 | Congenital anomalies | | | | | | | | |
| O6 | Night blindness | | | | | | | | |
| O7 | Others | | | | | | | | |
| Otorhinolaryngology (ENT) & Dentistry | | | | | | | | | |
| OT1 | Dental Carries | | | | | | | | |
| OT2 | Stomatitis | | | | | | | | |
| OT3 | Pyorrhoea | | | | | | | | |
| OT4 | Tonsillitis | | | | | | | | |
| OT5 | Cleft Lip | | | | | | | | |
| OT6 | Cleft Palate | | | | | | | | |
| OT7 | Defective Hearing | | | | | | | | |
| OT8 | Speech defects | | | | | | | | |
| OT9 | Otitis media | | | | | | | | |
| OT10 | Others | | | | | | | | |
| RESPIRATORY SYSTEM | | | | | | | | | |
| R1 | ARI | | | | | | | | |
| R2 | Chronic Respiratory infections | | | | | | | | |
| R3 | Tuberculosis | | | | | | | | |
| R4 | Bronchial Asthma | | | | | | | | |
| R5 | others | | | | | | | | |
| CARDIOVASCULAR SYSTEM | | | | | | | | | |
| CV1 | Rheumatic heart disease | | | | | | | | |
| CV2 | Congenital heart disease | | | | | | | | |
| CV3 | Others | | | | | | | | |
| NERVOUS SYSTEM | | | | | | | | | |
| NS1 | Epilepsy | | | | | | | | |
| NS2 | Locomotor disability | | | | | | | | |
| NS3 | Neural disability | | | | | | | | |

| | | | | | | | | | |
|---------------------------------------|--|-------------------------|-----------------|------------------------|-------------|----------------|--|------------|--|
| NS4 | Mental disability | | | | | | | | |
| NS5 | Any other disability, specify | | | | | | | | |
| NS6 | others | | | | | | | | |
| Gastro Intestinal System | | | | | | | | | |
| GS1 | Diarhoea/constipation | | | | | | | | |
| GS2 | Worm Infestations | | | | | | | | |
| GS3 | Dysentry | | | | | | | | |
| GS4 | Others | | | | | | | | |
| Non communicable diseases | | | | | | | | | |
| NCD1 | Hypertension | | | | | | | | |
| NCD2 | Diabetis | | | | | | | | |
| NCD3 | Thyroid | | | | | | | | |
| NCD4 | Hernia | | | | | | | | |
| NCD5 | Any other known diseases | | | | | | | | |
| Nutritional disorders | | | | | | | | | |
| ND1 | Anaemia | | | | | | | | |
| ND2 | Under nutrition | | | | | | | | |
| ND3 | obesity | | | | | | | | |
| ND4 | 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 Ddose | | | | | | | | |
| PM5 | Deworming 2nd dose | | | | | | | | |
| PM6 | IFA Consumed | | | | | | | | |
| PM7 | Vit A | | | | | | | | |
| Treatment | | | | | | | | | |
| T1 | Spectacles provided | | | | | | | | |
| T2 | Weight measurment | | | | | | | | |
| T3 | Height Measurment | | | | | | | | |
| Activities & Status | | | | | | | | | |
| 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: | |