


**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	Stomatics								
OT3	Pyorrhoea								
OT4	Tonsilitis								
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:	