

# JAWAHAR BALA AAROGYA RAKSHA/School Health Health provider's School Health Day Report

# A. General Details:

1. District:	2.CHNC:	3.Mandal:
4. PHC/UHC:	5. SC	6. Village/Town:
7. School:	8. Health Provider Name	: 9. Contact No:
10. Visit Date:	11. HM Name:	12. Contact No:

13. Strength of school: Boys\_\_\_\_\_ & Girls\_\_\_\_\_\_ 14. **MO** visited date:

# **B. SH Implementation status:**

- 1. Is school health register updated: YES / NO
- 2. Is SHER cards updated: YES / NO
- 3. Is IC cards updated: YES / NO
- 4. Is Aarogya clubs formed: YES / NO
- 5. No. of IFA tablets available in the school:
- 6. Number of referrals followed up based on CHIP format:
- 7. Number of Cases identified by Chinnari Doctors regarding THENSHE:
- 8. No. of referral cases identified for referrals by Health provider based on **THENSHE**:
- 9. Health education session conducted on the Topics of **THENSHE by**

Health provider:

# **C.** Provision of Services:

- 1. Availability of drinking water: YES / NO
- 2. Availability of Toilets with water: YES / NO
- 3. Quality of Mid Day Meal: Excellent / Good / Average / Poor

### **D. Health Education:**

- 1. Nutrition and Health education session conducted on:
- **a**. Sanitation, **b**. Hygiene especially on hand washing practices
- C. Nutrition and food habits, d. First Aid, e. Iron rich foods
- f. Vitamin C rich foods, g. Vitamin A rich foods
- h. Importance of Iodized salt, I. Safe drinking water.

### E. Meetings:

- 1. No. of SMC / PTA meetings attended:
- 2. SMC / PTA meetings discussed on:
- F. Any Specific Comments (Health Provider or Head master):
  - 1. \_\_\_\_\_ 2. \_\_\_\_\_
  - 3. \_\_\_\_\_

Health Provider Signature/Date:

HM Signature/Date