



Observation Report

Jawahar Bala Aarogya Raksha/School Health A.P.

Name of the District: _____ Name of the Mandal: _____ CHNC: _____
School Name: _____ PHC/UHC Name: _____ HM/MO Contact No: _____
Student attended (B+G=T): _____ Roll(B+G+T): _____
SHER card updated: _____ Aarogya Club formed: _____
MO Screened date (MO& Team): _____ No. of CHINNARI Doctors: _____
Referral children identified: _____ Treated- _____ Aarogya sree: _____
Reffearral hospitals: _____
Weekly Iron Folic Supplementation (WIFS):
Adminstrated date& day: _____
No. of tablets available: _____
De-worming Adminstrated date/Month/year: _____
Mid Day Meal- Menu/Status: _____
Drinking water: _____ Source: _____
Toilets with running water No. available: _____
Health Provider attended dates: _____
Health Education (HEO/HS/Educator,etc...)Date: _____
PTA/SMC conducted date: _____
Discussed points:
1. _____
2. _____
3. _____
JBAR Name / painted on wall: _____
Observer Name & Contact No: _____
If any comments/Observation point:
1. _____
2. _____
3. _____

Signature of the HM/Stamp/Contact No:

Signature of observer

Note: JBARC/SHC/SPHO/Dy.ED/MEOs/SOs RVM/CDPOs/IERTS/CRPs/School Complex HMs etc....

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