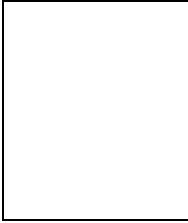


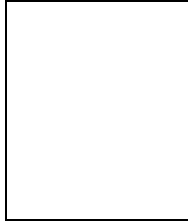
STUDENT HEALTH RECORD

Photos

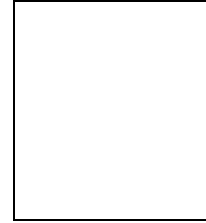
I Class



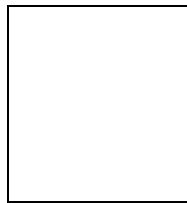
II Class



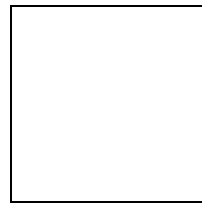
III Class



IV Class



V Class



Sl. No.	Name of the School	Panchayat	Mandal	District	Class in which student admitted Month/Year	Class in which student transferred Month/Year
1						
2						
3						

Issuing Authorities

Name of the School : _____	Name of the PHC : _____
Name of the HM : _____	Name of the Medical Officer : _____
Signature of the HM : _____	Signature of the Medical Officer ; _____
Seal / Stamp :	Seal / Stamp :

Individual Information

To be filled by the Class Teachers

Name of the Student (with surname) : _____

Sex : (1) Male (2) Female

Date of Birth : _____

Name of the Father (with surname) : _____

Education of the Father : _____

Occupation of the Father : _____

Name of the Mother (with surname) : _____

Education of the Mother : _____

Occupation of the Mother : _____

Caste : OC, BC (A,B,C,D) SC, ST, Minorities

Identification Marks : 1) _____
2) _____

Ration Card No : ----- Colour -----

Class in which Health Record issued : -----, Date : -----

Blood Group :

Whether Physically challenged (P.W.D / U.I.D) : _____

Details : _____

Any known allergy : _____

Family History (put \checkmark mark) : (1) Diabetes, (2) Hypertension, (3) Cancer,
(4) Convulsions, (5) Cardiac Problems,
(6) Consanguineous Marriage, (7) Others, if any

Address : _____
Grampanchayat _____
Mandal -----, District :-----
PIN : _____

Contact No (Father / Mother / Guardian) : _____

Change of Address if any : _____

New Address _____

* PWD / UID : Please record PWD (Persons with Disability) / UID (Unique Identity Number) if the student having certificate issued by Medical Board

Health Record

Child information (5+ years to 9+ years / 1 to 5th Classes)

To be filled by the Class Teachers

S.No	Para Meters		1 Class		2nd Class		3rd Class		4th Class		5th Class	
1	Age (in years)	Standard	5+		6+		7+		8+		9+	
		Actual										
2	Height (in CMs)	Standard	B- 109.9	G- 108.4	B- 116.1	G- 144.6	B- 121.7	G- 120.6	B- 127.4	G126.4	B- 132.2	G132.2
		Actual										
3	Weight (in KGs)	Standard	B- 18.7	G- 17.7	B- 20.7	G- 19.5	B- 22.9	G- 21.8	B- 25.3	G-24.8	B- 28.1	G-28.5
		Actual										
4	Chest measurements (in CMs)	Full inhalation										
		Full expiration										
5	Vision defect (Yes / No)											
6	Speech Defect (Yes / No)											
7	Hearing defect (Yes / No)											
8	Mental Retardation / Cerebral palsy / Autism/ Learning disabilities / Multiple disabilities (Yes / No)											
9	Convulsions (Fits) - Yes / No											
10	Details of other health issues leading to frequent ill-health											
11	Reasons for absence due to ill-health											
12	Signature of the Class Teacher											
13	Signature of the Parent / Guardian											

*** Height and weight of the Girls must be recorded by the women Teacher only.**

**** Suspect defective vision if the student is unable to read the last 2 lines in the Ophthalmic Chart from a distance of 20 feet. Contact MPHA (F/M) for assistance if necessary.**

***** Inform the Medical Officer of the PHC / MPHA (F/M) in case any student not attending the school for more than one week.**

Details of the Disease/s leading to frequent absent to the School

To be filled by the Class Teachers

S.No	Class	Absent			Disease	Treatment	Remarks
		From	To	Total			

To be filled by the MPHA (F/M) in assistance with the Medical Officer

A) Present History :

S.No	Parameters	1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class
1	Fever more than one week					
2	Cough for more than 2 weeks					
3	Recurrent Throat infections					
4	Ear Discharge					
5	Headache					
6	Recurrent pain in abdomen					
7	Complaints of passing worms in the stool					
8	Anal itching in the night					
9	Complaints of Urinary Tract infection					
10	Any previous Surgery / Chronic Problems					

B) General Examination :

1	Pulse / BP					
2	Pallor (Anaemia)					
3	Yellow Sclera (Jaundice)					
4	Lymphadenopathy					
5	Pedal Oedema					
6	Others, Specify					

To be confirmed by the Medical Officer (MO), PHC

C) Systemic Examination :

(C to J)

S.No	Parameters	1st Class	2nd Class	3rd Class	4th Class	5th Class
1	SKIN & APPENDAGES					
A	HAIR					
	Thin, Brittle Hair					
	Lice infestation					
	Others, Specify					
B	SKIN					
	Signs of Scabies					
	Signs of Tinea Infection					
	Signs of Leprosy					
	Others, Specify					
C	NAILS					
	Flattening					
	Clubbing					
	Koilonychia					
	Others, Specify					
2	EYE					
	Squint					
	Ptosis					
	Bitot Spots / Night blindness					
	Nystagmus					
	Vision (Normal or Defective)					
	Others, Specify					

S.No	Parameters	1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class
3	ENT					
	Ear Discharge					
	Hearing Defect					
	Tonsillitis					
	Others,Specify					
4	ORAL					
	Angular Stomatitis					
	Tongue - Pallor / Cyanosis / Glossitis					
	Bleeding gums					
	Malocclusion of Teeth					
	Halitosis (Bad Breath					
	Cleft Lip / Cleft Palate					
	Others, Specify					
5	NECK					
	Cervical Lymph Node Enlargement / Ulcer/Discharge					
	Thyroid Enlargement					
	Others, Specify					
6	CHEST					
	Signs of Rickets (Vit 'D' Deficiency)					
	Chest Deformity					
	Others, Specify					

S.No	Parameters	1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class
7	RESPIRATORY SYSTEM					
	Breath sounds					
	Additional Sounds					
	Others, Specify					
8	CARDIO VASCULAR SYSTEM					
	Heart Sounds					
	Murmurs (Cardiac)					
	Signs of Congenital Heart Disease					
	Signs of Rheumatic Heart Disease					
	Others, Specify					
9	GASTRO INTESTINAL SYSTEM					
	Hepatomegaly					
	Splenomegaly					
	Others, Specify					
10	MUSCULO-SKELETAL SYSTEM					
	Physical deformity of limbs					
	Weakness of limbs					
	Club foot					
	Others, Specify					
11	GENITOURINARY SYSTEM					
	Undescended Testis					
	Hernia / Pinhole meatus / Phimosis / Para Phimosis					
	Others, Specify					
12	CENTRAL NERVOUS SYSTEM					
	GIAT Problems / Speech Problems					
	Motor Weakness / Sensory defects					

D) Provisional Diagnosis (Disease, Deficiency, Disability)

S.No	1st Class	2nd Class	3rd Class	4th Class	5th Class
1					
2					
3					

E) Investigations (if required) :

S.No	Test	1st Class	2nd Class	3rd Class	4th Class	5th Class
1	Blood Test (Hb%)					
2	Peripheral blood Smear (Malaria / Filaria Parasite)					
3	Urine Test (Routine Examination)					
4	Sputum (for TB)					
5	Others, Specify					

F) Recommendation (if required) :

S.No	Parameters	1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class
1	Diet					
2	Personal Hygiene					
3	Oral Hygiene					
4	Medicine Prescribed					
5	Others, Specify					

G) Regular Medication :

S.No	Parameters		1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class
1	Deworming Tablet	1 st Dose Date					
		2 nd Dose Date					
2	IFA Tablet	If provided					
3	Others, (Medicines) specify						

H) Immunisation :

Age	Vaccine	Yes/No	If not, then the date of administration in School
5 Years	D.P.T		

I) Referral (if required) :

S.No	Parameters	1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class
1	Provisional Diagnosis					
2	Hospital Referred					
3	Referral Slip No.					
To be filled by MPHA (F/M) from the Discharge / Consultation Summary Sheet after the School Health Referral						
1	Diagnosis					
2	Treatment Suggested					
3	Follow-up instructions					
4	Outcome					

J) Doctor's Follow-up Remarks :

S.No	1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class
1					
2					
3					
Signature of MO at each visit					
Date					

K) Disability (if detected, to be filled by MPHA (F/M) after the child is checked by a specialist :

S.No	Parameters		1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class
1	Category						
2	Special Aids and Appliances	Recommended					
		Provided (Yes/ No)					
3	Corrective Surgeries	Recommended					
		Provided (Yes/ No)					
4	Post operative care & investigations and Treatment						
5	Home based Education / Inclusive Education (Regular Schooling)	Recommended					
		Provided (Yes/ No)					

Screening by Ophthalmic Officer to Needy Children

S.No	Parameters	1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class
1	Date of Examination					
2	Suspected Refractive Error					
3	Spectacles Recommended					
4	Spectacles Provided (date)					
5	Reasons for Referral to Higher Centers					

Student Academic Progress Record

Class :

Year :

Subject	Maxmum Marks	Examinations						Average	Percentage	Attendance particulars				
		Quarterly		Halfyearly		Annual				Months	working days	No.of days absent due to ill-health	No.of days present	Percentage of attendance
		Marks	Grade	Marks	Grade	Marks	Grade							
Telugu									June					
									July					
Hindi									August					
									September					
									October					
English									November					
									December					
Maths									January					
									February					
Science									March					
									April					
Social									Total					

Class :

Year :

Subject	Maxmum Marks	Examinations						Average	Percentage	Attendance particulars				
		Quarterly		Halfyearly		Annual				Months	working days	No.of days absent due to ill-health	No.of days present	Percentage of attendance
		Marks	Grade	Marks	Grade	Marks	Grade							
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									July					
Hindi									August					
									September					
									October					
English									November					
									December					
Maths									January					
									February					
Science									March					
									April					
Social									Total					

Class :

Year :

Subject	Maxmum Marks	Examinations						Average	Percentage	Attendance particulars				
		Quarterly		Halfyearly		Annual				Months	working days	No.of days absent due to ill-health	No.of days present	Percentage of attendance
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									December					
Maths									January					
									February					
Science									March					
									April					
Social									Total					

Class :

Year :

Subject	Maxmum Marks	Examinations						Average	Percentage	Attendance particulars				
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Maths									January					
									February					
Science									March					
									April					
Social									Total					

Class :

Year :

Subject	Maxmum Marks	Examinations						Average	Percentage	Attendance particulars				
		Quarterly		Halfyearly		Annual				Months	working days	No.of days absent due to ill-health	No.of days present	Percentage of attendance
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Hindi									August					
									September					
									October					
English									November					
									December					
Maths									January					
									February					
Science									March					
									April					
Social									Total					

GRADING PARTICULARS

Percentage	Grade	Indicators
90% above	A+	Excellent
80-89%	A	Very Good
70-79%	B+	Good
60-69%	B	Average
50-59%	C	Below Average
50% below	E	Needs Improvement

REMARKS

