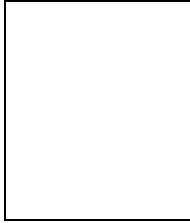


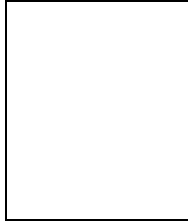
STUDENT HEALTH RECORD

Photos

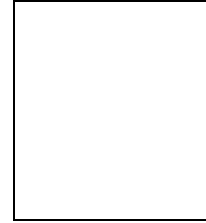
VI Class



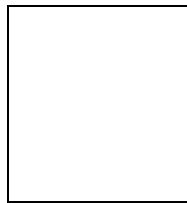
VII Class



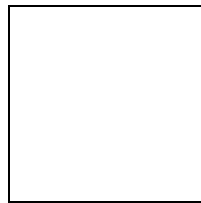
VIII Class



IX Class



X 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 (10+ years to 14+ years / 6th to 10th Classes)

To be filled by the Class Teachers

| S.No | Para Meters | | 6 th Class | | 7 th Class | | 8 th Class | | 9 th Class | | 10 th Class | |
|------|--|-----------------|-----------------------|-------------|-----------------------|------------|-----------------------|------------|-----------------------|-----------|------------------------|-----------|
| 1 | Age (in years) | Standard | 10+ | | 11+ | | 12+ | | 13+ | | 14+ | |
| | | Actual | | | | | | | | | | |
| 2 | Height (in CMs) | Standard | B- 137.5 | G- 138.3 | B- 140 | G- 142 | B- 147 | G- 148 | B- 153 | G- 150 | B- 160 | G- 155 |
| | | Actual | | | | | | | | | | |
| 3 | Weight (in KGs) | Standard | B- 31.4 | G- 32.5 | B- 32.2 | G- 33.7 | B- 37 | G- 38.7 | B- 40.9 | G- 44 | B- 47 | G- 48 |
| | | 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 | | | |
| | | | | | | | |
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To be filled by the MPHA (F/M) in assistance with the Medical Officer

A) Present History:

| Sl.No | Parameters | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 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 | 6th Class | 7th Class | 8th Class | 9th Class | 10th 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 | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 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 | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 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 | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 th Class |
|------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

E) Investigations (if required):

| S.No | Test | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 th 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 | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 th Class |
|------|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| 1 | Diet | | | | | |
| 2 | Personal Hygiene | | | | | |
| 3 | Oral Hygiene | | | | | |
| 4 | Medicine Prescribed | | | | | |
| 5 | Others, Specify | | | | | |

G) Regular Medication:

| S.No | Parameters | | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 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 | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 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 | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 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 | | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 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 | 6 th Class | 7 th Class | 8 th Class | 9 th Class | 10 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 | | | | | | | |
| 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 | | | | | | | |
| 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 | | | | | | | |
| Telugu | | | | | | | | | June | | | | | |
| | | | | | | | | | July | | | | | |
| Hindi | | | | | | | | | August | | | | | |
| | | | | | | | | | September | | | | | |
| | | | | | | | | | October | | | | | |
| English | | | | | | | | | November | | | | | |
| | | | | | | | | | December | | | | | |
| Maths | | | | | | | | | January | | | | | |
| | | | | | | | | | February | | | | | |
| Science | | | | | | | | | March | | | | | |
| | | | | | | | | | April | | | | | |
| Social | | | | | | | | | Total | | | | | |

Class:

Year:

| Subject | Maximum 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 | | | | | |

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

A series of horizontal dashed lines for writing remarks.