

C. S. I. M. K. D. MEDICAL SOCIETY COMMUNITY NURSING SCHOOL  
HEALTH SURVEY CARD (FAMILY)

Date of survey:

Family Folder Number:

1. NAME OF THE HEAD OF THE HOUSEHOLD:

2. ADDRESS: (Name of the house)

Village:

Taluk:

House Number:

District:

3. RELIGION:

4. TYPE OF FAMILY:

1

2

Single

Joint

4. STRUCTURE OF FAMILY:

Serial No.	Name	Relationship to head of household	Age	Sex	Educational status	Marital status	Occupation
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

6. HEALTH STATUS.

Serial No. of the member	Present state of health	If any sickness in the past one year the nature and duration	Medical care	Approximate cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

1. Healthy.

2. Sick—acutely.

3. Sick—chronic.

1. None due to want of facility.

2. None due to poverty.

3. Allopathic.

4. Ayurvedic.

5. Homeopathic.

6. Others (specify).



## 6-a. IMMUNIZATIONS (Note the date when done.)

Serial No. of the member	Smallpox		Triple Antigen				B. C. G.	T. A. B.	Polio
	Primary	Revaccination	1st	2nd	3rd	Booster			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

## 7 a. VITAL STATISTICS—BIRTHS.

S. No. of the mother	Age at first maternity	First pregnancy				Second pregnancy					
		Date of termination	Medical care	Termination	Sex of child	Date of termination	Medical care	Termination	Sex of child		
Third pregnancy				Fourth pregnancy				Fifth pregnancy			
Date of termination	Medical care	Termination	Sex of child	Date of termination	Medical care	Termination	Sex of child	Date of termination	Medical care	Termination	Sex of child
Sixth pregnancy				Seventh pregnancy				Eighth pregnancy			
Date of termination	Medical care	Termination	Sex of child	Date of termination	Medical care	Termination	Sex of child	Date of termination	Medical care	Termination	Sex of child

Medical care: 1. Hospital. 2. Trained Midwife. 3. Untrained Midwife.  
Termination: 1. Abortion. 2. Still birth. 3. Alive now. 4. Dead now.



## 7-b. DEATHS. (Since the time of inception of the family in 19.. ..).

Name of the deceased	Relationship with the head of household or any other (Note S. No.)	Sex	Date of death	Age at death	Cause of death		Medical care
					Primary	Secondary	

## 8. ENVIRONMENT: (Draw a neat sketch on page 4.)

1. Type of building : 1 Attached 2 Detached
2. Built-in area : 1  $< \frac{1}{4}$  2  $< \frac{1}{2}$  3  $< \frac{3}{4}$  4 near complete.  
of the total ground area.
3. Roof : 1 Thatched 2 Tiled 3 Concrete 4 Others (Specify)
4. Walls : 1 Thatch 2 Mud 3 Brick 4 Plastered 5 Wood 6 Others (specify)
5. Floor : 1 Mud 2 Mud with dung plaster 3 Cement 4 Others (specify)
6. Kitchen : 1 Functioning 2 Not functioning 3 Kerosene stove, etc. 4 Electric  
Smoke out let
7. Drinking water : 1 Protected Family well 2 Unprotected 3 Protected Community well 4 Unprotected 5 Tube well 6 Tank 7 River 8 Piped (chlorinated) 9 Others (specify)
8. Drainage : 1 Absent 2 Present 3 Kitchen garden 4 Soakage pit
9. Rubbish : 1 Dumping 2 Composting 3 Incineration 4 Scattered
10. Latrine : 1 Surface 2 Open pit 3 Pig Latrine 4 Closed pit (c Water seal slab or E.S.P.) 5 Closed pit (c no W. S. slab) 6 Bored hole (no W. S. slab) 7 Board hole (c W. S. slab) 8 Septic tank 9 Urban flush out 10 Conservancy 11 Any other (specify)
11. Cattle shed: 1 Insanitary 2 Sanitary Distance from house.....ft.
12. Rank vegetation: 1 Absent 2 Present 3 Plenty
13. Mosquito breeding places: 1 Present 2 Absent 1 Present 2 Absent  
Actual Potential
14. Biological environment: (Tick those present) Dogs Cats Cows Sheep Goats  
Chicken Ducks Mosquitoes Others (specify)  
Flies
15. Fly breeding places: 1 Present 2 Absent 1 Present 2 Absent  
Actual Potential



## 9 FINANCIAL INFORMATION:

Monthly family income from:		Rs.	Monthly family expenditure for:		Rs.
1. Salaries and wages	..		1. Food	..	
2. Land and agricultural products	..		2. Clothes	..	
3. Buildings	..		3. Education	..	
4. Business	..		4. Medical care	..	
5. Livestock	..		5. Rent or/and mortgage	..	
6. Other items (Specify)	..		6. Tax	..	
			7. Debts—interest	..	
			Repayment	..	
			8. Any others (specify)	..	
TOTAL	..		TOTAL	..	



C. S. I. HOSPITAL, PALLOM COMMUNITY HEALTH SERVICE

FAMILY RECORD

Sub centre.....Village.....

Name of Family.....Religion.....Group.....

Date	Address	Directions	Type of House						Rent	No. of Rooms	Type Latrine	Source water	Drain	Vent	Type Smoke out
			Roof		Walls		Floor								
			Ti	Th	Te	M	Br	Pl	M	Ce					

Family	Marital Status					Place of Birth	Date of Birth	Schooling	Physical Conditions, (if dead, date & cause)
	S	M	W	Sep	Div				
M									
W (1)									
W (2)									
W (3)									
Children and Still birth	Sex	Address if not home							
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Others in household	Year of Birth	Sex	Relationship to Head of family	Others in Household	Year of Birth	Sex	Relationship to Head of family

Economic Status: Good..... Comfort..... Necessities..... Poverty.....

Date	Occupation	Earnings	Regular or Seasonal	Other Income	Source	Debts	Properties Owned			
							House	Date	Date	Date
	Man						Land-Wet			
	Woman						-Dry			
	Woman						Cattle			
	Children						Poultry			
							Furniture			
							Others			











Adopted.....

[illegible]

## Birth Reported By.....

[illegible]



CHILD WELFARE RECORD (INFANT)

F. F. No.

C. F. No.

Name:

Age: Sex:

Date of Birth

Father's Name:

Mother's Name:

Address:

Date opened:

Date closed:

Reason:

MILE-STONES

Head Raised:

Lat:

Stood:

1st Tooth

Dem.	Nurse's Observation
------	---------------------

Diet	
Bath	
Mother interested	
Baby clean	
Clothes clean	
Diet as ordered	
Sleep & play	
Bowels normal	
Personality development	

IMMUNIZATIONS											
Name of Vaccine	Dates given										
Small Pox											
B. C. G.											
D. P. T.											
T. A. B.											
Polio											

DOCTOR'S ORDERS:

Sig.



Date

Diet

Bath

Mother interested

Baby Clean

Clothes Clean

Diet as Ordered

Sleep & Play

Bowels Normal

Personality Development



# RORES PROJECT HOUSEHOLD SURVEY QUESTIONNAIRE

## SRINIVASAPURA, KOLAR DISTRICT

Date of interview \_\_\_\_\_

Name of Interviewers and designation

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1. Sl. No. \_\_\_\_\_

2. Name of head of the family \_\_\_\_\_

3. Name of the village \_\_\_\_\_

4. Religion ☐ 1. Hindu  
☐ 2. Muslim  
☐ 3. Christian

5. Name of the caste \_\_\_\_\_

6. Name of the category ☐ 1. SC  
☐ 2. ST  
☐ 3. BC

### HOUSING AND ENVIRONMENT

7. Do you have a own house? ☐ a) Yes ☐ b) No

8. If yes, How many:  Nos.

9. Type of housing ☐ 1. Terraced  
☐ 2. Tiled  
☐ 3. Thatched

10. Do you have electricity? ☐ a) Yes ☐ b) No

11. Do you have Biogas? ☐ a) Yes ☐ b) No

12. Do you keep the cattle in the living room ☐ a) Yes ☐ b) No

13. Do you have a separate kitchen? ☐ a) Yes ☐ b) No

14. How do members of the house dispose human waste? ☐ 1. Latrine  
☐ 2. Open field

15. Do you have closed pit for waste water disposal? ☐ a) Yes ☐ b) No

16. Is there stagnant water close to this house? (within 50 feet) ☐ a) Yes ☐ b) No

17. Water supply : ☐ 1. Community owned  
☐ 2. Household (self)

18. Source: ☐ 1. Open well  
☐ 2. Tap

☐ 3. Borewell (hand pump)

19. Distance within: ☐ 1. 100feet

☐ 2. 200feet

☐ 3. beyond







## LANDHOLDING & ASSETS

21. a) Does this family own any land ☐ a)Yes ☐ b) No
22. If yes,
1. Own Land ..... Guntas
2. Government Land ..... Guntas
- .....
23. Land usage pattern: Total Guntas
- .....
1. Dry Land ..... Guntas
2. under Pump Irrigation ..... Guntas
3. Under Tank Irrigation ..... Guntas
4. Under Orchard ..... Guntas
24. Number of Live Stock you have?
1. Cross bred milch cows ..... nos.
2. Local bred milch cows ..... nos.
3. Oxen ..... nos.
4. Sheep ..... nos.
5. Goat ..... nos.
6. Poultry ..... nos.
7. Piggery ..... nos.
8. Others (specify) ..... Nos.
25. Do you have any annual income yielding trees? ☐ a)Yes ☐ b) No
26. If yes

Name of the trees	Numbers	Annual Income
1.		Rs.
2.		
3.		
Total		

27. Do you have mulberry cultivation? ☐ a)Yes ☐ b) No
28. If yes, number of guntas under mulbery cultivation ..... Guntas
29. Does this family go for agricultural wage work ☐ a)Yes ☐ b) No
30. If yes,
- ☐ 1. Occasional
- ☐ 2. Regular
31. Do you have a radio? ☐ a) Yes ☐ b) No
32. Do you have a TV? ☐ a) Yes ☐ b) No
33. Do you have the following
- ☐ 1. Bullockcart
- ☐ 2. Bicycle
- ☐ 3. Motor cycle/Scooter
- ☐ 4. Tractor
- ☐ 5. any other (specify)



## HEALTH AND NUTRITION

34. What do members of the household do for the following problems?

	Local Medicine	Hospital Medicine
a) Common illness		<u>505</u> <u>Private</u>
b) Cuts and injuries		
c) Diarrhoea		
d) Dog bite		
e) Snake bite		
f) Jaundice		
g) Bone Setting		

NOTE: Common Illness : Fever, Cold & Cough, Aches and Pains

35. Who delivered the children in your house?

- ☐ 1. Dai  
☐ 2. ANM  
☐ 3. Family member

36. Where were the children in your house born?

- ☐ 1. At home  
☐ 2. Hospital

37. Has any one in the family visited Government Health Centre during the past one year?

- ☐ a) Yes      ☐ b) No

38. If yes, reasons

1.  
 2.  
 3.

39. Has the health worker visited your home during the past one year?

- ☐ a) Yes      ☐ b) No

40. If yes, reasons

1.  
 2.  
 3.

41. Do any women in the house have the following problems

1. Menstrual problems  
 2. White Discharge

- ☐ a) Yes      ☐ b) No  
☐ a) Yes      ☐ b) No

43. Does any one in the family have the following symptoms?  
(Chronic cough with blood in sputum, Loss of weight and Low grade evening temperature)

- ☐ a) Yes      ☐ b) No

43. Has any one in the family got discoloration of skin with loss of sensation

- ☐ a) Yes      ☐ b) No

44. Does any one in the family have seasonal cough with wheezing

- ☐ a) Yes      ☐ b) No

45. Does any one in the family get convulsions

- ☐ a) Yes      ☐ b) no

46. Has any one in the family died during the past one year?

- ☐ a) Yes      ☐ b) No



47. If yes,

Age	Sex	Reasons
1.		
2.		
3.		

48. Is any woman in the family pregnant now ☐ a) Yes ☐ b) No

49. Do you have a disabled person in the family? ☐ a) Yes ☐ b) No

50. If yes,

Age	Sex	Type of disability
1.		
2.		
3.		

51. No of people who use tobacco in the family 1. Chewing \_\_\_\_\_ Nos.

2. Smoking \_\_\_\_\_ Nos.

52. No. of people consume alcohol 1. Occassional \_\_\_\_\_ Nos.

2. Regular \_\_\_\_\_ Nos.

### NUTRITION

53. What is the colour of the ration card you have? ☐ 1. Red  
☐ 2. Green  
☐ 3. No Ration Card

54. What are the rations you get regularly? ☐ 1. Rice & Ragi  
☐ 2. Wheat  
☐ 3. Sugar  
☐ 4. Edible Oil  
☐ 5. Kerosene

55. Do you have kitchen garden? ☐ a) Yes ☐ b) No

56. How much milk does your family consume in a week \_\_\_\_\_ Ltrs.

57. How many kilograms of pulses your family consume in a week \_\_\_\_\_ Kgs.

58. How much vegetables and greens your family consume in a week? \_\_\_\_\_ Kgs.

59. Is there any one in the family a member in any of the RORES sanghas ☐ a) Yes ☐ b) No

60. If yes,

1. Name of the person \_\_\_\_\_

2. Name of the sangha \_\_\_\_\_

61. In the opinion of the interviewer which group does this family fit into

☐ 1. Definite target

☐ 2. Non-target

☐ 3. In between



- ① Debts ✓
- ② Fruits ✓
- ③ Quantity of FPH - you agree in year.
- ④ Quantity of chemical fertilizers  
used / DAD - AD/that

⑤ Pregnancy -  
Should have ✓  
Food Taboos

⑥ Common diseases by  
children below - 5 years

⑦ up to what age do you give  
best feeding.

⑧ at what age do you give  
other food to the babies and  
what food.

⑨ Estimated Average Income  
of the family: Agri - Agri work ✓

⑩ How many meals a day. ✓

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Date of interview \_\_\_\_\_

Name of Interviewers and designation

- 1.
- 2.
- 3.

1. Sl. No. \_\_\_\_\_
2. Name of head of the family \_\_\_\_\_
3. Name of the village \_\_\_\_\_
4. Religion
 

☐ 1. Hindu  
☐ 2. Muslim  
☐ 3. Christian
5. Name of the caste \_\_\_\_\_
6. Name of the category
 

☐ 1. SC  
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### HOUSING AND ENVIRONMENT

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☐ a) Yes
 ☐ b) No
8. If yes, How many:  Nos.
9. Type of housing
 

☐ 1. Terraced  
☐ 2. Tiled  
☐ 3. Thatched
10. Do you have electricity?
 

☐ a) Yes
 ☐ b) No
11. Do you have Biogas?
 

☐ a) Yes
 ☐ b) No
12. Do you keep the cattle in the living room
 

☐ a) Yes
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13. Do you have a separate kitchen?
 

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18. Source:
 

☐ 1. Open well  
☐ 2. Tap  
☐ 3. Borewell (hand pump)
19. Distance within:
 

☐ 1. 100feet  
☐ 2. 200feet  
☐ 3. beyond



20. Age, Sex, Educational status, Occupation, U/5 Immunization and Family Planning Status

Name of family members	Age	Sex	Relationship to Head of the Family	Marital Status	F.P. Status <del>Women</del> below 45 years	Educational Status	Occupational Status (Practicing)	Skills known	Immunization (U/5)

LANDHOLDING & ASSETS

21. a) Does this family own any land

☐ a)Yes

☐ b) No
22. If yes,

1. Own Land .....

\_\_\_\_\_ Guntas

2. Government Land .....

\_\_\_\_\_ Guntas

.....

Total Guntas
23. Land usage pattern:

1.Dry Land .....

\_\_\_\_\_ Guntas

2.under Pump Irrigation .....

\_\_\_\_\_ Guntas

3. Under Tank Irrigation .....

\_\_\_\_\_ Guntas

4.Under Orchard .....

\_\_\_\_\_ Guntas
24. Number of Live Stock you have?

1. Cross bred milch cows .....

\_\_\_\_\_ nos.

2. Local bred milch cows .....

\_\_\_\_\_ nos.

3. Oxen .....

\_\_\_\_\_ nos.

4. Sheep .....

\_\_\_\_\_ nos.

5. Goat .....

\_\_\_\_\_ nos.

6. Poultry .....

\_\_\_\_\_ nos.

7. Piggery .....

\_\_\_\_\_ nos.

8. Others (specify) .....

\_\_\_\_\_ Nos.
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 2.  
 3.

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47. If yes,

Age	Sex	Reasons
1.		
2.		
3.		

48. Is any woman in the family pregnant now

☐ a) Yes

☐ b) No

49. Do you have a disabled person in the family?

☐ a) Yes

☐ b) No

50. If yes,

Age	Sex	Type of disability
1.		
2.		
3.		

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☐ a) Yes

☐ b) No

60. If yes,

1. Name of the person

\_\_\_\_\_

2. Name of the sangha

\_\_\_\_\_

61. In the opinion of the interviewer which group does this family fit into

☐ 1. Definite target

☐ 2. Non-target

☐ 3. In between



62. Other than agricultural and allied activities, do you have any other source of income?

Nature of source

Income in a year Rs.

63. Does your household have any debts?

☐ a) Yes

☐ b) No

64. If yes how much? and source.

Source

Amount

1. Private lender

Rs.

2. Bank loan

Rs.

3. Co-operatives

Rs.

4. Sanghas

Rs.

5. Others Specify

Rs.

65. How many cart loads of farm yard manure does your family generate in a year?

\_\_\_\_\_ Cart loads.

66. What type of chemical fertilizers and how much do you use in a year?

Name of the fertilizers

Quantity used in kgs.

1.

\_\_\_\_\_

2.

\_\_\_\_\_

3.

\_\_\_\_\_

67. Do you give any special care/diet to pregnant women?

☐ a) Yes

☐ b) No

68. If yes what type diet/care given

special care given

Special diet given

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

69. Does your family have any taboos in food practice for pregnant women?

☐ a) Yes

☐ b) No

70. If yes what are the taboos?

71. What are the common illnesses you find among the U/5 children

1.

2.

3.

4.

5.

72. Up to what age children in your family were/are breast fed?

73. At what age you start supplementary food to your children?

74. What type of supplementary food you give to your children?

75. How many times a day normally you take food?

76. How many days in a year you take less than your normal intake due to nonavailability of food?

25.05.20

No of days

Month/season



ST. MARTHA'S HOSPITAL

ANTE NATAL CARD

Hosp. No. \_\_\_\_\_  
A/N No.

Name

Age

Husband's Name & Address

Yrs. Married

L.M.P.

E.C D.

Menstrual Cycle

Gravida

Height

Tet. Vac. 1st. Dose/2nd. Dose

Para

Investigations

Date of Adm.

Date of Discharge

Previous Med. History

Obstetric Med. History

Pelvic Examination

63 a

63 a

63 a

COMMUNITY HEALTH CELL  
Marks Road  
MCC-07



## CHILD HEALTH RECORD

Family Number .....

Village .....

Name .....

Age/DOB .....

Sex M / F

Breast fed tillf .....

Age at supplementation .....

Type of first supplement .....

Special Problems :

Date		Hb	Date		Hb

## IMMUNIZATIONS

### Small pox

Primary

Revaccination

### BCG

Others (specify)

### Triple Antigen

1st

2nd

Booster

### Vitamin A

1.

2.

3.

4.

5.

6.

7.

8.

### Polio

1st

2nd

Booster



## FOLLOW-UP (ANTE-NATAL)

Name

Family Number

## Village

[illegible]

一、

\*\*\*\*\*

[illegible]



FOLEOW-UP (POST-NATAL)

Name ..... Family Number ..... Village .....

Date	Weight	Lactation	Complaints	Treatment	Remarks

18-35

**Family Number** .....  
... 000000 000 000 000000 000 000 000000 000 000 000

Date	Weight	Lactation	Complaints	Treatment



FOLLOW-UP CARD (CHILDREN)

Name

Family Number

Village

Date	Weight	Deficiency signs	Complaints	Treatment	Folifer	Food Supply-ment

18.39

FOLLOW-UP CARD (CHILDREN)

Name .....

Family Number .....

Date	Weight	Deficiency signs	Complaints	Treatment



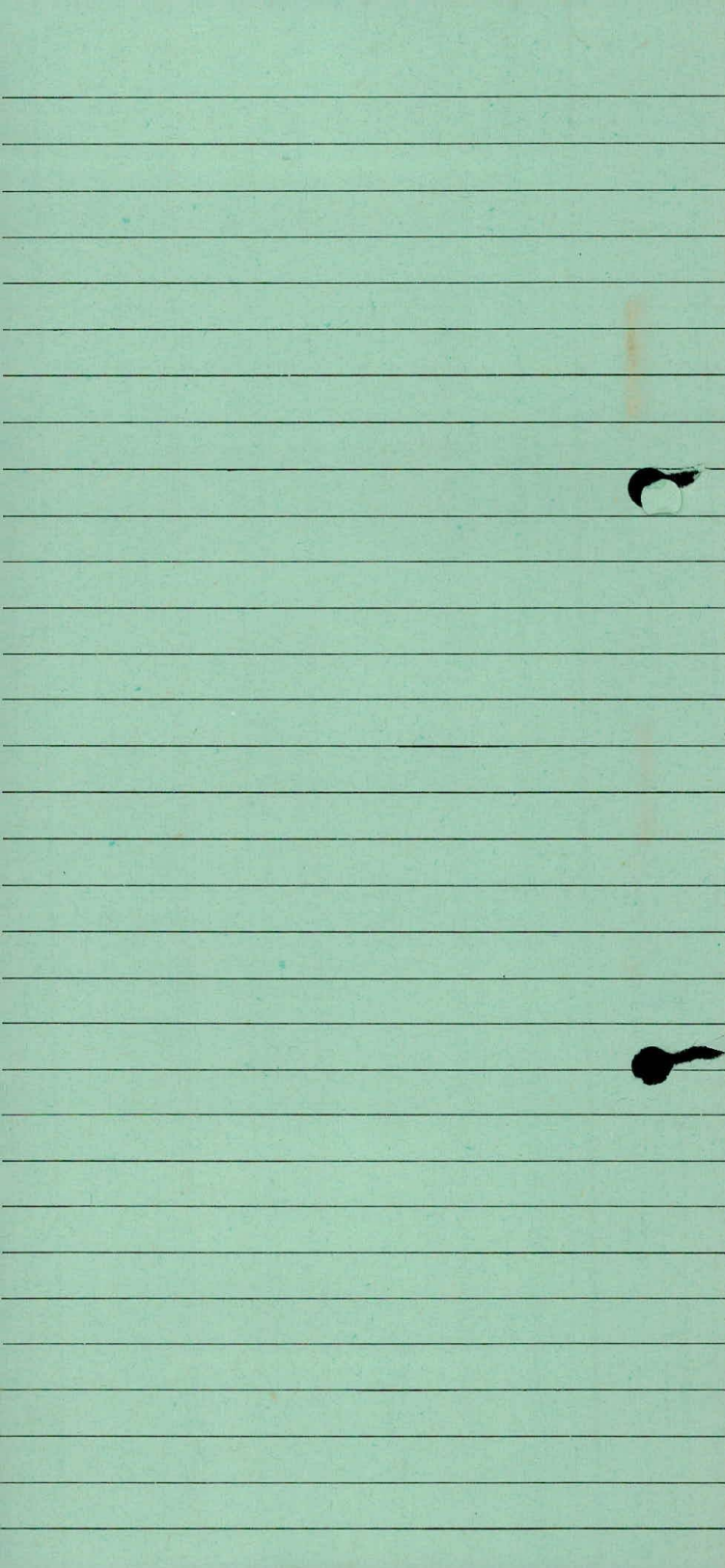
Com H 15.17  
18.6

# UNDER FIVES' CLINIC

No..... Name.....  
Month of Birth..... Address.....  
.....

Date	Weight	Symptoms and their Duration	Treatment
------	--------	-----------------------------	-----------

COMMUNITY HEALTH CELL  
4711, (1) BANGALORE - 560 001  
Banks Road





# PRIMARY & MIDDLE SECTION NATIONAL HIGH SCHOOL

BASAVANAGUDI : : BANGALORE-560004

6324  
2h  
63-

Reg. No.

## STUDENT HEALTH RECORD

## PHYSICAL EXAMINATION

Name Chi.....Date of Birth.....

Name and address of Father or Guardian.....

Important family History :

Previous Illnesses &amp; Operations :

Examining Doctor

Class &amp; Year

Date

Height

Weight

Chest :

Full Inspiration

Full Expiration

B. P.

Blood Group

Check ☒ if findings are normal after examination, if abnormal  
Mark ☒ and describe on the reverse page.

Skin

Eyes

Ears

Nose

Throat

Teeth

Thyroid

Lymph Nodes

Breasts

Lungs

Heart

Abdomen

Skeletal System

Nervous System

Genitalia

Other

COMMUNITY HEALTH CELL



## Record of Illness

[illegible]



CUMULATIVE HEALTH RECORD

Name :

Permanent address :

Occupation :

Date and place of birth:

Annual income:

Father's name:

Health status:

Mother's name:

Brothers:

Father

Sisters:

Mother

Past illness of the child:

Immunization 1	Date 2	Date 3	Date 4	Date 5
1. Small pox Primary vaccination Re-vaccination				
2. B.C.G. Vaccination				
3. Triple Immunization				
4. Diphtheria-Tetanus-Immunization				
5. T.A.B.				
6. Cholera				
7. Poliomyelitis				
8. Any other (specify)				

MEDICAL EXAMINATION (to be filled  
by a doctor) See Code

	I	II	III	IV
Date and year				
Name of school				
Standard studying				
Age				
Height				
Weight				
Chest measurements Inspiration				
Chest measurements Expiration				
Malnutrition				
Deficiency diseases				
Anaemia				
Skin diseases				
Teeth				



Contd. from pre-page

	I	II	III	IV
Gums				
Nose				
Adenoids				
Tonsils				

Code            N = Normal            D = Defective            C = corrected

- I        At the entrance of the child to I standard  
 II       Before leaving the IV standard  
 III      Before leaving the VII standard

MEDICAL EXAMINATION (to be filled by a doctor)    See Code

	I	II	III	IV
Glands - Submaxillary				
C				
Thyroid				
Others				
Orthopaedic diseases				
Ear diseases				
Hearing - R				
L				
Eye diseases				
strabismus				
Vision - R				
L				
Heart - Organic diseases				
Functional				
Lungs				
Liver				
Spleen				
Hernia				
Speech defects				
Nervous system disorders				
Allergic diseases				
Mental developments				
Hydrocele				
Phymosis				
Fitness for PT and games				
Initials of Medical Officer				
Initials of parent/guardian				

Advice: