RF_COM_H_15_SUDHAPPART_151

C. S. I. M. K.	D. MEDICAL SOCIET	FY COMMUNITY	NURSING	SCHOOL
	HEALTH SURVEY	CARD (FAMIL	M))	S. 18.

		C. S. I.		EALTH SURVE				into o	CHOOL		
	of surve				-		Fa	mily Fold	der Number		
		ME OF THE HEAD		JSEHOLD: *	1440		13.42				
	2. AD	DRESS: (Name of	the house)	Taluk				use Num strict:		T	
	3, REI	Village: LIGION:			YPE OF F			1		2	
								ngle	· Jo		134
	4. ST	RUCTURE OF FAM	ILY:	1			1		1		
Serial No.		Name		Relationship to head of household	Age	Sex	Educationa	I status	Marital s	tatus	Occupation
1		S. C. P.									and in
2				*							*
3				- +/s							
4											
5				- 1 (5)				*			
6											
7											
8				•							*
9		1.50									
10											
	6. HE.	ALTH STATUS.									
Serial I the mo		Present state of health	If any sick	ness in the past one	year the na	ature and c	duration	Medica	I care	Appro	ximate cost
	1										
	2	And the second									
	3		12-44								*
	4										
	5			and the second							
	6				1.1.1.1.1			1	-	*	

							han a start	
3						The house		
4								
5				es sur la l				
6			•					0
7	1							
8								
9								
10			**					
5	2. Sic	althy. k—acutely. k—chronic.			2. N	lone due to want of facility, one due to poverty, Ilopathic.	5.	Ayurvedic. Homeopathic. Others (specify).

	Small	рох		Triple	Antige	a			
member	Primary	Revaccination	1st	2nd	3rd	Booster	B. C. G.	Т.АВ.	Polio
1			14						
2								An To India	
3								and the second	
4									
5				-					
6									
7									
8						-			
9									
10									
7 a. VIT	AL STATISTICS-	BIRTHS.							

Age at first maternity		First pre	gnancy		Second pregnancy					
	Date of termination	Medicsl care	Termination	Sex of child	Date of termination	Medical care	Termination	Sex of child		
Seus-N P								1.00		
	Age at first maternity	Age at first Date of termination	Age at first	Age at first maternity Date of termination MedicsI care Termination	Age at first	Age at first	Age at first			

	Third pre	gnancy			Fourth pr	egnancy		Fifth pregnancy				
Date of terminaton	Medical care	Termina- tion	Sex of child	Date of termination	Medical care	Termina- tion	Sex of child	Date of termination	Medical care	Termina- tion	Sex of child	
								in the second				
Salar Mar					-							
	1	1	an costa									

and a state of a state	h pregnancy			Seventh pr	egnancy	Eighth pregnancy				
	dical Termins	Sex of child	Date of termination	Medical care	Termina- tion	Sex of child	Date of termination	Medical care	Termina- tion	Sex of child

-

	Relationship with the head of household	Sex	Date of	Age at	Cause	Medical	
Name of the deceased	or any other (Note S. No.)		death	death	Primary	Secondary	care
A REAL PROPERTY OF	ton participation						
	tanas de la compositione						

8. ENVIRONMENT: (Draw a neat sletch on page 4.) 1 1. Type of building :

Detached Attached

- 2 3 4 2. Built-in area: 1 $<\frac{1}{2}$ near complete. of the total ground area. $<\frac{1}{2}$ $<\frac{1}{4}$
- 3 4 2 1 3. Roof: Concrete Others (Specify) Thatched Tiled 🦘
- 5 Wood Orhers (specify) · 1 4 3 2 4 Plastered 4. Walls: , Brick Mud Thatch

2

- 3 4 2 5. Floor: 1 Mud
 Mud with dung plaster Cement Others (specify)
- 4 1 3 1 2 3 Functioning Not functioning Kerosene stove, etc. 2 6. Kitchen : Electric Smoke out let

8

. 3 7. Drinking water : 4 7

9 3 4 5 6 Protected Unprotected Tube well Thank 5 6 2 1 Unprotected River Others Piped Protected (chlorinated) (specify) Community well Family well

- 4 3 2 8. Drainage : 1 Soakage pit Kitchen garden Absent Present
- 3 1 2 4 9. Rubbish : Composting Incincration Scattered Dumping
- 10. Latrine : 234567891011Open pitPig LatrineClosed pitClosed pitBored holeBoard holeSeptic tankUrbanConservancyAny other 10 1 Strface (c Water (c no W. S. (no W. S. (c W. S. (specify) flush out slab) slab) seal slab slab) or E.S.P.)
 - 1 2 11. Cattle shed: Distance from house ft. Sanitary Insanitary
 - 3 1 2 12. Rank vegetation: Plenty Present Absent
 - 1 2 2 13. Mosquito breeding places: 1 Present Absent Present Absent Potential Actual
 - Chicken Cats Cows Goats Sheep 14. Bielogical environment: Dogs Mosquitoes Flies (Tick those present) Ducks Others (specify)
 - 1 2 1 2 15. Fly breeding places: Present Absent Present Absent Potential Actual

9 FINANCIAL INFORMATION:

Rs.

Monthly family income from:

- 1. Salaries and wages
- 2. Land and agricultural products
- 3. Buildings
- 4. Business
- 5. Livestock
- 6. Other items (Specify)

TOTAL

Monthly family expenditure for:

- 1. Food
- 2 Clothes
- 3. Education
- 4. Medical care
- 5. Rent or/and mortgage
- Tax
 Debts—interest

Repayment.

8. Any others (specify)

TOTAL

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Com	H	15.	2

F. F. No.....

(1)

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

FAMILY	RECORD	Sub centre	.Village
L. WOIANI P. I	RECORD	Duo contro	· · · mago

· ····································	the second s																
Date	Address			Di	irections				e of H Wall	ouse s Floo	orRei	Rooms	Type Latri-	Source water	Drain	Vent	Typ
	6.		E INT				TilT	h Te	M Br	PI MIC	le	122	ne	water	1.1.2	100	out
		1	Marita	al St	atus	Dla	1				<u> </u>	1		1	l <u></u>		1
	Family	S		W			ice of Birth		ate of Birth	Schoo	oling	Physic	al Condi	itions, (if	dead,	late &	cause)
M W (1) Y 2) W (3) Children 1 2 3 4 5 6 7 8 9 9 10	and Still birth			ss if	not hom												
Others	in household	Year Bin	th s	Sex	Relation	nship t famil	o Head y	1	Other	s in Ho	useho	ld Yea Bi	r of rth Sea	Rel	ationsh of fa	p to H mily	lead

Eco	nomic Status:Good		Con	nfort		Necessitie	es	F	overty		
Date	Occupation	Earnings	Regular or Seasonal	Other Income	Source	Debts		Propert	ies Owne	ed	
1999		1334966			S. P. Dengel	1.		Date	Date	Date	Date
	Man						House				1
and a	Woman	1411年1月		145.5 P.			Land-Wet	12 20			
1	Woman						-Dry	The second	in a	10.00	1
	Children					State!	Cattle	Part.			1.45%
North Contraction			1.1.4.1				Poultry	The second		. Constant	
				S.C. P.		1000	Furniture	2044	Contraction of		
		A. Delline			Service in		Others				
						War Lo	Man Est				1
							1.8	16-12-0	2.52		
214.1					12-22	Paris Sal	1. 1. 1. 1. 1.		1.15		12 Mars
The second		Contraction of the		the state of the state	Contraction of the second		The second second		52 5 i - 1	A The Later	1 Martin Par

Record of Services

Date	Name of patient	Diagnosis	Clinic House Hosp.	Type Fee	Remarks	Date Closed	Condition
The second							
						*	
				-			
12.2		#: 5					

DateTemperaturePulseRespirationUrineOedemaVaricositiesNausea & VomitingDisturb visionHeadachesBreastsTeeth & GumsDischargeBowelsWeightB. P.Vit. DeficiencyOther observationTreatmentRemarksTreatmentRemarksSignature	ANTENATAL FOLLOW-UP Date OpenedDate ClosedConditionCondition	DOCTOR'S ORDERS : Blood Pressure :	F. Hea	ad. Cause	ParaPrevious PregnancyFTNDL. BPREMPREMAbortion
Signature					



B M B C C D S S B	Diet Diet Diet Diet Diet interested Diet interested Diet as ordered Diet as ordered	ment	Dem. Nurse's Observation	Stood: 1st Tooth	Jat :	MILE-STONES	Date opened :	Father's Name : Address :	Name:	CHILD WEI
Sig	DOCTOR'S ORDERS:	T. A. B. Polio	D. P. T.	B. C. G.	Name of Vaccine Dates given	IMMUNIZATIONS	Date closed : Reason :	Mother's Name:	Age: Sex: Date of Birth	WELFARE RECORD (INFANT)

-1

1 4

Date Diet Bath Mother interested Baby Clean Clothes Clean Diet as Ordered Sleep & Play Bowels Normal Personality Development

Nurse's Observation

RORES PROJECT HOUSEHOLD SURVEY QUESTIONNAIRE SRINIVASAPURA, KOLAR DISTRICT

Com H. 15.5

Dat	e of interview	Name of Interviewers and designation
		1.
		2.
	A: " "un_,"	3.
1.	Sl. No	· · · · · · · · · · · · · · · · · · ·
2.	Name of head of the family	
3.	Name of the village	
4.	Religion	1. Hindu
		2. Muslim
5.	Name of the caste	3. Christian
5. 6.		
0.	Name of the category	
	HOUSING	AND ENVIRONMENT
7		
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
10		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
	numan waste?	2. Open field
15.	Do you have closed pit for waste water dis	posal?
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

Educational Statudine	Occupational Skills Immuni- Status known (U/5) (U/5)							
0120	Educa- tional Status				L	-		
Flamming status	F.P. Status Women below 45 years						12	
	Marital Status							
o Immunization	Relationship to Head of the Family	a e.						
on, U/9	Sex		12	gri i				
	Age							
20. Age, Sex, Educational status, Occ	Name of family members							
1 m 1 2						2		

(c/N)											
				1							
(Pacticing)						1					
Status							1				
45 years	24					12) - · · ·				
								14			
the Family	-		4 14				10 B.	4			
		U.	and the second				-	- Carlor	- di - 10	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	
		-				To Be and	Contraction of the second				
Includeds											
		-									
					2	1				3.	

LANDHOLDING & ASSETS

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

HEALTH AND NUTRITION

	What do members of the household do for the follow	ocal Medicine	Hospital	Medicine Avivato
	a) Common illness			
	b) Cuts and injuries			-
	c) Diarrhoea			
	d) Dog bite			
	e) Snake bite		. N. 4	
	f) Jaundice		1	
	g) Bone Setting		-	
	NOTE: Common Illness : Fever, Cold & Cough, Aches and Pa	ains	(24) (C	
5.	Who delivered the children in your house?	□ 1. □ 2.	Dai ANM Family member	
6.	Where were the children in your house born?		At home Hospital	
7.	Has any one in the family visited Government Heal			
	during the past one year?	a)	Yes b)N	10
8.	If yes, reasons			
	1.			
	2.			
	3.			
9.	Has the health worker visited your home during the past	tone year? 🗌 a)Yes b)	No
0.	If yes, reasons			
	1.			
	2.			
	3.	ablams		
41.	Do any women in the house have the following pro) Yes b)	No
	1. Menstrual problems	· · · · · · · · · · · · · · · · · · ·		No
	2. White Discharge		.)105 ()	
43.	Does any one in the family have the following syn (Chronic cough with blood in sputum, Loss of wei grade evening temperature)	ght and Low	a) Yes 🗌 b)	No
43.	Has any one in the family got discoloration of skin of sensation		a)Yes b)	No
4.4	Does any one in the family have seasonal cough with w			No
44. 45.	Does any one in the family get convulsions			no
	Has any one in the family died during the past one			No
46.	Has any one in the family died during the past one		.,,	

					1. 1. C. T
			· · · · · · · · · · · · · · · · · · ·		
	47.	If yes,			
		Age	Sex	Reasons	
		1.	S. Ber A		
		2.	1. 24		
		3.			
	48.	Is any woman in the family	pregnant now	a) Yes	b) No
	49.	Do you have a disabled pers	and the second sec	a) Yes	b) No
۲	50.	If yes,			
4		Age	Sex	Type of di	isability
•		1.			
		2.			
		3.	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	51.	No of people who use tobac	an in the family	1.0	
		no or people who use tobact	co in the family	1. Chewing 2. Smoking	Nos.
	52.	No. of people consume alcol	hol	1. Occassional	Nos.
		e consume area		2. Regular	Nos.
				2. Regular	Nos.
			NUT	RITION	
	53.	What is the colour of the rat	ion card you have?	1. Red	
				\square 2. Green	
				3. No Ration Car	ed.
	54.	What are the rations you get	regularly?	1. Rice & Ragi	
		service and functions you got	logularly.	\square 2. Wheat	
				3. Sugar	
,				4. Edible Oil	
				5. Kerosene	
	55.	Do you have kitchen garden?	2	a) Yes	b) No
	56.	How much milk does your fa	mily consume in a		Ltrs.
	57.	How many kilograms of pulses			Kgs.
	58.	How much vegetables and gree			Kgs.
T.	59.	Is there any one in the family a			hgs.
•	60.	If yes,	member in any or m	a) its	D)NO
		1.Name of the person			
		2. Name of the sangha			
	61.	In the opinion of the intervie	wer which group d	es this family	in the second
		fit into	wer which group ut	Jes this failing	
				1.Definite target	
				2. Non-target	
				3. In between	
				9. In ootwoon	
				5	
			1 W. S.		

Aarrad 10-12 D3 Debts 4 Frouts ~ I 3 quantum of FYH. you oyee i'am year. wantism of the i'd bertiliter (Lp) Nupa DHQ - Stop helt P.M.g.meeg -Stevid Care Food Tebog Corrimon discoses by bilden bolae - 5 Jeans up to report age ito you puppe D Avest execting. of wat what age do you give D other board to the balies aid iefal- (20-0)-Estimated Average. In lang 9 to the puly Aqui - Driver Gow may nearly a day. CD

RORES PROJECT HOUSEHOLD SURVEY QUESTIONNAIRE SRINIVASAPURA, KOLAR DISTRICT

Dat	e of interview	Name of Interviewers and designation	
		1.	
		2.	
		3.	
1.	S1. 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	1. Latrine	
	human waste?	2. Open field	
15.	Do you have closed pit for waste water disp	osal? 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	
	and the second	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 Women below 45 years	Educa- tional Status	Occupational Status (Practicing)	Skills known	Immuni- zation (U/5)
32			z						
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LANDHOLDING & ASSETS

21.	a) Does this family own any land	a)	Yes	b) No
22.	If yes,			
1	1. Own Land			— Guntas
	2. Government Land			Guntas
			Total	Guntas
23.	Land usage pattern:		Total	Guittas
20.	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?		Yes	b) No
26.	If yes			
	Name of the trees	Numbers	Annual Inco	ome
	1		Rs.	
	1. 2.			
	3.			
	Total			
27.	Do you have mulberry cultivation?	a)	Yes	b) No
28.	If yes, number of guntas under mulbery cultivation	on		
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	
			Bicycle	
			Motor cycle/Sc	ooter
			Tractor	
			any other (spec	ify)
		3		

HEALTH AND NUTRITION

	Local Medicine	_	Hospital Medicine
a) Common illness			
b) Cuts and injuries	8		
c) Diarrhoea			
d) Dog bite			
e) Snake bite			
f) Jaundice			
g) Bone Setting			
NOTE: Common Illness : Fever, Cold & Cough, Aches an	nd Pains		
Who delivered the children in your house?		1.1.1.1.1.1	member
Where were the children in your house born?		. At hom 2. Hospita	
Has any one in the family visited Government H	Health Centre		
during the past one year?	a) Yes	b)No
If yes, reasons	•		
1.			
2.			
3.			
Has the health worker visited your home during the	past one year?	a)Yes	b) No
If yes, reasons			
1.			
2.			
3.			
Do any women in the house have the following	problems		
1. Menstrual problems	_	a) Yes	b) No
2. White Discharge		a)Yes	b) No
Does any one in the family have the following	symptoms?		
(Chronic cough with blood in sputum, Loss of y grade evening temperature)	weight and Low	a) Yes	b) No
Has any one in the family got discoloration of s		.,	
of sensation		a)Yes	b) No
Does any one in the family have seasonal cough with		a)Yes	b)No
Does any one in the family get convulsions	<u> </u>	a)Yes	b)no
Has any one in the family died during the past		a)Yes	b)No

Age	Sex	Reasons	
1.			
2.			
3.			
Is any woman in the f	amily pregnant now	a) Yes	b) No
Do you have a disable	ed person in the family?	a)Yes	b) No
If yes,			
Age	Sex	Type of disa	bility
1.			
2.	· · · · ·		
3.			
No of people who use	tobacco in the family	1. Chewing	Nos
		2. Smoking	Nos
No. of people consum	e alcohol	1. Occassional	Nos
		2. Regular	Nos
	NUTE	RITION	
What is the colour of	the ration card you have?	\square 1. Red	
		\square 2. Green	
What are the rotions	ou act so sulestu?	3. No Ration Card	
What are the rations y	ou get regularly?	1. Rice & Ragi 2. Wheat	
		3. Sugar	
		4. Edible Oil	
		\Box 5. Kerosene	
Do you have kitchen g	garden?	a) Yes	b) No
	your family consume in a v		trs.
	f pulses your family consume		Kgs.
	nd greens your family consu		kgs.
	amily a member in any of the		b)No
lf yes,			
1.Name of the person			
2. Name of the sangha			
In the opinion of the i	nterviewer which group do	es this family	
fit into			
		1.Definite target	
		2. Non-target	
		3. In between	
		5	

	62.	Other than agricultural and allied activitie	es, 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 manu	re does your family generate in a year?
		Cart loads	5.
	66.	What type of chemical fertilizers and how	v much do you use in a year?
э		Name of the fertilizers	Quantity used in kgs.
		1.	
		2.	
		3.	
	67.	Do you give any special care/diet to preg	nant women?
		a) Yes b) No	
	68.	If yes what type diet/care given	
		special care given	Special diet given
		<u> </u>	
			1
	69.	Does your family have any taboos in foo	d 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.	
		4	

••••

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? い. シーション タン・ダン No of days Month/season

COMH ISH

ST. MARTHA'S HOSPITAL

ANTE NATAL CARD

Hosp. No. A/N No.

Husband's Name & Address

Name Age Yrs. Married L.M.P. 4 E.C D. Menstrual Cycle Gravida Tet. Vac. 1st. Dose/2nd. Dose Height Para Investigations Date of Adm. Date of Discharge Previous Med. History

Obstetric Med. History

Pelvic Examination

Date	Wt.	Uri Alb. S	ne Sugar	B.P.	Hb.	OED	Palpation	F.H.	Remarks & T.R.
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CHILD	HEAL	TH R	EC	ORD
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	Family Number Village	
Name		
Age/DOB	Sex	M / F
Breast fed till		
Age at supplementation		
Type of first supplement		

Special Problems :

4

Date	НЬ	1	Date	НЬ

IMMUNIZATIONS

Small pox	BCG
Primary	Others (specify)
Revaccination	
Triple Antigen	Vitamin A
1st	I 5
2nd	2 6
Booster	
	4 8

Polio

4.0

Ist			
2nd		 	
Booste	15.1		

	Remarks	
Village	Treatment	
FOLLOW-UP (ANTE-NATAL) Family Number	Clinical details	
E E	Ë	
	Pres and Pos	
	Height of uterus	
	ВР	
	Oedema	
	Weight	
Name	Date	

)

FOLLOW-UP (ANTE-NATAL)

Family Number

511

	ate Weight Oedema BP Height of Pres and FH Clinical details							
Date	Weight	Oedema	BP	uterus	Pos	FH	Clinical details	Tre
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	-							

Name ..

Remarks	
Treatment	
Complaints	
Lactation	
Weight	
Date	

FOLEOW-UP (POST-NATAL)

FOLLOW-UP (POST-NATAL)

Family Number

5				(
18, 3	FOLLOW Name			FOLLOW-UP (POST-NATAL) Family Numb	ber	
	Date Weeight		Lactation	Complaints	Treati	

	1 8.3 M
Food Supple- ment	
Folifer	
Treatment	
Complaints	
Deficiency signs	
Weight	
Date	

FOLLOW-UP CARD (CHILDREN)

-

FOLLOW-UP CARD (CHILDREN)

Family Number

****,

Date	Weight	Deficiency signs	Complaints	Treatment
-				

Name

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Month	n of Birth.	<u></u>	Add	lress		
	4 - b					
Date	Weight	Symptoms	and	their	Duration	Treatment
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	1.11					C. C



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63-24

COMMUNITY HEALTH CELL

PRIMARY & MIDDLE SECTION NATIONAL HIGH SCHOOL

BASAVANAGUDI : : BANGALORE-560004

Reg. No.

STUDENT HEALTH RECORD

PHYSICAL EXAMINATION

Name	Chi	.Date of Birth.
	and address of Father or Guardian	

Important family History :

Nervous System

Genitalia

Other

Previous Illnesses & Operations :

				Examining Doctor
Class & Year				
Date				
Height				
Weight				
Chiest :				
Full Inspiration		1.00		
Full Expiration			1	
B. P.				
Blood Group				
	fark × and			nination, if abnormal verse page.
Skin				
Eyes				and the second sec
Ears				
Nose				
Throat				
Teeth				*
Thyroid				
Lymph Nodes				
Breasts				
Lungs				
Heart				
Abdomen				
Skeletal System				

Record of Illness

Date	Complaints, Physcical Examination, Diagnosis and Treatment	-
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CUMULATIVE HEALTH RECORD

Name :

Permanent address :

Date and place of birth:

Father's name:

Mother's name:

Father

Mother

Occupation :

Annual income:

Health status:

Brothers:

Sisters:

Past	illness	of	the	child:	
------	---------	----	-----	--------	--

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

EDICAL	EXAMINATIO	N (to	Ъe	filled	
by	a doctor)	See	Code		

	I	II	III	IV
Date and year				
Name of school				
Standard studying	1			A Star N
Age				
Height				
Weight	4.		a it is	
Chest measurements Inspiration	1			
Chest measurements Expiration				
Malnutrition				
Deficiency diseases				
Anaemia				
Skin diseases				i i i
Teeth				

-: 2 :-

Contd. from pre-page

	I	II	III	IV
Gums				
Nose				
Adenoids				
Tonsils				
Code N = Normal D #	Defective	e C	= correc	ted
I At the enterance of the chil II Before leaving the IV stands III Before leaving the VII stand	rd	andard		
MEDICAL EXAMINATION (to be f	`illed by	a doctor) <u>See</u> Co	de .
	I	II	III	IA
	1.			10
Glands - Submaxillary				
Thyroid Others	1.		*	
Orthopaedic diseases	Latin Contra	3		
Ear diseases				
Hearing - R				
Eye diseases				
strabismus				
Vision - R		*		And the second second
L Heart - Organic diseases				
Functional				
Lungs				
Liver	di sessioni			Salar in the
Spleen			1 grand	and the second
Hernia				
Speech defects				
Nervous system disorders				
Allergic diseases				
^M ental developments			1	
lydrocele				
^D hymosis				
Fitness for PT and games		•		
Initials of Medical Officer				

Advice: