

# School-wise Report on Health Check-Up of Students

Annexure - V

Sl. 42

Kanchrapara Municipality

Name of School Swami Vibekanda V.P. ward-22

Period of Examination from 26.3.19 to .....

| No. of Students |      |          |   | Status of Health |   |     |   |
|-----------------|------|----------|---|------------------|---|-----|---|
| Enrolled        |      | Examined |   | Healthy          |   | Ill |   |
| M               | F    | M        | F | M                | F | M   | F |
| 11              | 2011 | 10       | 6 | -                | - | 10  | 6 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 4                 | 6 | -        | - | 4    | 4 | -               | - | -                    | - | 2                  | 3 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               |   | F                 |   | M                         | F | M            | F |
| Eye : Visual Defect                      |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | - | 2                 | - | -                         | - | -            | - |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  | 1               | 3 | 1                 | 3 |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | -               | 1 | -                 | 1 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   |                 |   |                   |   |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

baha

Signature of HO/WHO



# School-wise Report on Health Check-Up of Students

Annexure -V

Sl. 43

KPA Municipality

Name of School Desh Bandha  
Prathamik

W-23

Period of Examination from 26.3.12 to .....

| No. of Students 37 |    |          |    | Status of Health |   |     |     |
|--------------------|----|----------|----|------------------|---|-----|-----|
| Enrolled           |    | Examined |    | Healthy          |   | Ill |     |
| M                  | F  | M        | F  | M                | F | M   | F   |
| 20                 | 17 | 13       | 12 | 10               | 8 | 3   | 448 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 4                 | 1 | -        | - | 4    | 5 | -               | - | -                    | - | 2                  | 1 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               |   | F                 |   | M                         | F | M            | F |
| Eye : Visual Defect                      |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 | — |                   | — |                           |   |              | — |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 6               | 6 | 6                 | 6 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Saha

Signature of HO/AHO

Dr. Paul. 26.3.10

D:\Dr. Goswami\KUSP School health programme.doc

Health Officer  
KAPARA MUNICIPALITY



# School-wise Report on Health Check-Up of Students

Annexure - V

KPA

Municipality

Name of School

81.44  
Sahid Tapan Chow.  
Chitry Bichra niketa  
Ward - 24

Period of Examination from 27.3.10 to .....

| No. of Students 65 |    |          |    | Status of Health |   |     |    |
|--------------------|----|----------|----|------------------|---|-----|----|
| Enrolled           |    | Examined |    | Healthy          |   | Ill |    |
| M                  | F  | M        | F  | M                | F | M   | F  |
| 35                 | 30 | 21       | 25 | 3                | - | 18  | 25 |

| Nature of Illness |    |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 8                 | 13 | -        | - | 8    | 4 | -               | - | -                    | - | 10                 | 4 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | - | 1                 | - |                           |   | 1            | - |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | -               | 2 | -                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 6 | 1                 | 6 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Saha.

Signature of H.O.

Dr. Paul. 27.3.10

D:\Dr. Goswami\KUSP School health programme doc

Health Officer  
ANCHRAPARA MUNICIPALITY



# School-wise Report on Health Check-Up of Students

Annexure - V

KPA

Municipality

Name of School

C.S.U.P. Hirdi

Period of Examination from 27.3.10 to .....

Ward - 24

| No. of Students 97 |    |          |    | Status of Health |   |     |    |
|--------------------|----|----------|----|------------------|---|-----|----|
| Enrolled           |    | Examined |    | Healthy          |   | Ill |    |
| M                  | F  | M        | F  | M                | F | M   | F  |
| 57                 | 40 | 28       | 17 | 4                | 4 | 24  | 13 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 5                 | 2 |          |   | 5    | 5 | -               | - | -                    | - | 8                  | 2 | 1                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   | M                         | F | M            | F |
|                                          | M               | F | M                 | F |                           |   |              |   |
| Eye : Visual Defect                      | -               | 1 | -                 | 1 |                           |   | -            | 1 |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 5               | 2 | 5                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Gaba

Signature of HO/WHO

He Paul. 27-3-10

D:\Dr. Goswami\KUSP\School health programme.doc

Health Officer  
KANCHRAPARA MUNICIPALITY



# School- wise Report on Health Check-Up of Students

Annexure -V

Sr. 46

K.P. A

Municipality

Name of School: Kadambini Prathomick  
vidyalaya ward 24

Period of Examination from 29.3.10 to .....

| No. of Students |    |          |   | Status of Health |   |     |    |
|-----------------|----|----------|---|------------------|---|-----|----|
| Enrolled        |    | Examined |   | Healthy          |   | Ill |    |
| M               | F  | M        | F | M                | F | M   | F  |
| 20              | 06 | 14       | 2 | 1                | 2 | 13  | 20 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| -                 | - | -        | - | 1    | 1 | -               | - | -                    | - | 1                  | 3 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               |   | F                 |   | M                         | F | M            | F |
| Eye : Visual Defect                      |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 1 | 1                 | 1 |                           |   | 1            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Gaba

Signature of HO/AHO

Dr. Paul. 29.3.10

D:\Dr. Goswami\KUSP\School health programme.doc

Health Officer  
KANCHRAPARA MUNICIPALITY



# School- wise Report on Health Check-Up of Students

Annexure - V

Sl. 47

K. P. A

Municipality

Name of School: Netaji Hinde Prvy school  
ward- 24.

Period of Examination from 29.3.10 to .....

| No. of Students 52 |    |          |    | Status of Health |   |     |    |
|--------------------|----|----------|----|------------------|---|-----|----|
| Enrolled           |    | Examined |    | Healthy          |   | Ill |    |
| M                  | F  | M        | F  | M                | F | M   | F  |
| 32                 | 20 | 13       | 13 | 1                | 1 | 12  | 12 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 3                 | 5 | -        | - | 2    | 3 |                 |   |                      |   | 1                  | 2 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               |   | F                 |   | M                         | F | M            | F |
| Eye : Visual Defect                      |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 9               | 7 | 9                 | 7 |                           |   | 9            | 7 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Grata

Signature of HO/AHO

Dr. Paul 29.3.10

D:\Dr. Goswami\KUSP\School health programme doc

Health Officer  
KANCHRAPARA MUNICIPALITY



# School-wise Report on Health Check-Up of Students

Annexure - V

Sl. No.

KPA

Municipality

Name of School

Sarada Devi High School  
Ward - 14

Period of Examination from 30.3.20 to .....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 38              | 30 | 7        | 27 | 2                | 10 | 5   | 17 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |    |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F  | M                   | F |
| 3                 | 9 | -        | - | 5    | 5 |                 |   | -                    | - | 5                  | 18 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               |   | F                 |   | M                         | F | M            | F |
| Eye : Visual Defect                      |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  | 2               | 3 | 2                 | 3 | -                         | - | 2            | 3 |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   |                 |   |                   |   |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Gaba.

Signature of HO/AMO

Sl. No. 30.3.20

D. Dr. Goswami KUSP School health programme doc

Health Officer  
CANCHRAPARA MUNICIPALITY



# School-wise Report on Health Check-Up of Students

Annexure V

Sl. 49

K.P.A

Municipality

Name of School... Janki Pur U.P. School ward-4

Period of Examination from 30.3.10 to .....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 100             | 80 | 57       | 56 | 19               | 19 | 38  | 47 |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 3                 | 5 | -        | - | 20   | 21 | -               | - | -                    | - | 7                  | 5 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    | M                         | F | M            | F  |
|                                          | M               |    | F                 |    |                           |   |              |    |
| Eye : Visual Defect                      | 13              | 23 | 13                | 23 |                           |   | 13           | 23 |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |    |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |    |
| Impacted Wax                             | 4               | 4  | 4                 | 4  |                           |   |              |    |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |    |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |    |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |    |
| Polyp                                    | -               | 1  | -                 | 1  |                           |   |              |    |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |    |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         | 1               | -  | 1                 | -  |                           |   |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |    |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |    |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | 19              | 30 | 19                | 30 | -                         | - | 19           | 30 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |    |
| Skin                                     |                 |    |                   |    |                           |   |              |    |
| Scabies                                  |                 |    |                   |    |                           |   |              |    |
| Rash                                     | -               | 1  | -                 | 1  |                           |   |              |    |
| Eczema                                   |                 |    |                   |    |                           |   |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |    |

6/10/10

Signature of HO/AHO

Sl. Paul, 30.3.10

D:\Dr. Goswami\KUSP\School health programme.doc

Health Officer  
KANCHARAPARA MUNICIPALITY



# School-wise Report on Health Check-Up of Students

Annexure 3

81.50

K.P.A.

Municipality

Name of School: Paly.technic, Balika  
Vidyalaya

Period of Examination from 31.3.10 to .....

| No. of Students / 120 |    |          |    | Status of Health |    |     |    |
|-----------------------|----|----------|----|------------------|----|-----|----|
| Enrolled              |    | Examined |    | Healthy          |    | Ill |    |
| M                     | F  | M        | F  | M                | F  | M   | F  |
| 69                    | 43 | 26       | 39 | 6                | 11 | 20  | 28 |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| -                 | 6 | -        | - | 6    | 10 | -               | - | -                    | - | 4                  | 3 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 17              | 16 | 17                | 16 |                           |   |              |   |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |   |
| Impacted Wax                             | -               | 3  | -                 | 3  |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |   |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |   |
| Polyp                                    |                 |    |                   |    |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |   |
| Respiratory System                       |                 |    |                   |    |                           |   |              |   |
| Productive Cough                         |                 |    |                   |    |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |   |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |   |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| Dental                                   |                 |    |                   |    |                           |   |              |   |
| Caries                                   | 15              | 20 | 15                | 21 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |   |
| Skin                                     |                 |    |                   |    |                           |   |              |   |
| Scabies                                  | 1               | 3  | 1                 | 3  |                           |   |              |   |
| Rash                                     | 1               | -  | 1                 | -  |                           |   |              |   |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 | -               | 1  | -                 | 1  |                           |   |              |   |
| Psychological Disorder                   | -               | 1  | -                 | -  |                           |   | -            | 1 |

baaba.

Signature of HO/AHO

He Paul. 31.3.10

D:\Dr. Goswami\KUSP\School health programme.doc

Health Officer  
ANCHRAPARA MUNICIPALITY



Total = 6

Page No. 1

## School Wise Report on Health Check Up of Students

Islampur

Municipality

Charbatta S.S.P.  
Name of School

Period of Examination from 22/3/2010 to 23/3/2010

| No. of Students |    |          |    | Status of Health |     |    |    |
|-----------------|----|----------|----|------------------|-----|----|----|
| Enrolled        |    | Examined |    | Healthy          | Ill |    |    |
| M               | F  | M        | F  | M                | F   | M  | F  |
| 42              | 54 | 25       | 36 | 21               | 4   | 40 | 22 |

| Nature of Illness |    |          |   |      |    |                 |   |                     |   |                  |    |
|-------------------|----|----------|---|------|----|-----------------|---|---------------------|---|------------------|----|
| Anaemia           |    | Jaundice |   | Worm |    | Night blindness |   | Iodine Def Disorder |   | Vit Def Disorder |    |
| M                 | F  | M        | F | M    | F  | M               | F | M                   | F | M                | F  |
| 18                | 22 | —        | — | 20   | 20 | —               | — | —                   | — | 20               | 27 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye: Visual Defect                       | 2               | 2 | —                 | — | —                         | — | 2            | 3 |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear: Discharge                           | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | —               | 3 | —                 | — | —                         | — | —            | 2 |
| Nose: Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System:                      | 4               | 7 | —                 | — | —                         | — | 4            | 7 |
| Productive Cough                         | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System:                  | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System:                | 1               | 2 | —                 | — | —                         | — | 1            | 2 |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | 4               | 2 | —                 | — | —                         | — | 1            | 2 |
| Caries                                   | —               | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | 4               | 4 | —                 | — | —                         | — | —            | — |
| Sores                                    | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | 1               | 1 | —                 | — | —                         | — | —            | — |

Signature of HO/AHO  
Health Officer  
C.B.P.H.C.S.  
Islampur Municipality



## School-wise Report on Health Check Up of Students

Islampur

Municipality

Islampur Hindi F.P.S  
Name of School

Period of Examination from 21/3/2010 to 01/4/2010

| No of Students |    |          |    | Status of Health |    |     |    |
|----------------|----|----------|----|------------------|----|-----|----|
| Enrolled       |    | Examined |    | Healthy          |    | Ill |    |
| M              | F  | M        | F  | M                | F  | M   | F  |
| 90             | 80 | 79       | 70 | 29               | 20 | 50  | 50 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 40                | 45 | —        | — | 51   | 46 | —               | — | —                    | — | 42                 | 42 | 2                   | 3 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 7               | 6 | —                 | — | —                         | — | 7            | 6 |
| Conjunctival discharge                   | —               | — | —                 | 1 | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | 1 | 1                         | 1 | —            | — |
| Impacted Wax                             | —               | — | —                 | 1 | 1                         | 1 | —            | — |
| Hearing Defect                           | 3               | 1 | —                 | — | 1                         | 1 | 3            | 1 |
| Nose : Discharge                         | 1               | — | —                 | — | —                         | — | 1            | — |
| Deviated Nasal Septum                    | —               | — | 1                 | 1 | —                         | 1 | —            | — |
| Polyp                                    | —               | — | 1                 | 1 | 1                         | 1 | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | 1                 | 1 | 1                         | 1 | —            | — |
| Respiratory System                       | 17              | 2 | 17                | 2 | —                         | — | 17           | 2 |
| Productive Cough                         | —               | — | —                 | 1 | —                         | 1 | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | 1 | —                         | 1 | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | —               | 3 | —                 | 1 | —                         | — | —            | 3 |
| Palpable Liver                           | —               | 3 | —                 | — | —                         | — | —            | 3 |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | 8               | 4 | —                 | — | —                         | — | 8            | 4 |
| Caries                                   | 8               | 4 | 8                 | 4 | —                         | — | 8            | 4 |
| Bleeding & Spongy Gum                    | —               | — | —                 | 1 | —                         | 1 | —            | — |
| Skin                                     | —               | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | 3               | 1 | 3                 | 1 | —                         | — | 3            | 1 |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | 7               | 6 | 7                 | 6 | —                         | — | 7            | 6 |

Signature of HO/AHO  
Health Officer  
C.B.P.H.C.S.  
Islampur Municipality



Annexure - V

## School-wise Report on Health Check-Up of Students

Islampur

Municipality

Sonakroda S.S.P

Name of School

Period of Examination from 25/7/2010 to 26/7/2010

| No. of Students |     |          |    | Status of Health |    |     |    |
|-----------------|-----|----------|----|------------------|----|-----|----|
| Enrolled        | 133 | Examined | ३३ | Healthy          | 13 | Ill | 64 |
| M               | F   | M        | F  | M                | F  | M   | F  |
| ७९              | ५४  | ४६       | ३१ | ८                | ५  | ३८  | २६ |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| ३२                | २४ | —        | — | ३४   | २६ | —               | — | —                    | — | ३३                 | २७ | २                   | २ |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |   |
| Eye : Visual Defect                      | 3               | 2 | —                 | 3 | —                         | 2 | 3            | 2 |   |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |   |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |   |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |   |
| Hearing Defect                           | 1               | — | —                 | 1 | —                         | — | 1            | — |   |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —            | — |   |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |   |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |   |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |   |
| Respiratory System                       | 5               | 4 | —                 | — | —                         | — | 5            | 4 |   |
| Productive Cough                         | —               | 5 | —                 | 4 | —                         | — | —            | 3 | 4 |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — | — |
| Gastro-Intestinal System                 | —               | — | —                 | — | —                         | — | —            | — | — |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — | — |
| Dental                                   | 5               | 2 | —                 | — | —                         | — | —            | — | — |
| Caries                                   | —               | 3 | —                 | 2 | —                         | 3 | —            | 2 | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — | — |
| Skin                                     | 3               | 2 | —                 | — | —                         | — | —            | — | — |
| Scabies                                  | —               | 3 | —                 | 2 | —                         | 3 | —            | 2 | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — | — |
| Psychological Disorder                   | 2               | 2 | —                 | 2 | —                         | 2 | 2            | 2 | 2 |

Signature of D.O/AHO  
Health Officer  
C.B.P.H.C.S.  
Islampur Municipality







Annexure - V

## School- wise Report on Health Check-Up of Students

Islampur

Municipality

Santenagar S.S.F.P

Name of School

22/3/2018

Period of Examination from..... to .....

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| 102             |    | 86       |    | 19               |   | 66  |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 60              | 42 | 47       | 38 | 12               | 7 | 35  | 31 |

| Nature of Illness |    |          |   |      |    |                 |   |                     |   |                  |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|---------------------|---|------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def Disorder |   | Vit Def Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                   | F | M                | F  | M                   | F |
| 30                | 24 | —        | — | 35   | 26 | —               | — | —                   | — | 35               | 28 | 3                   | 2 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 3               | 2 | —                 | — | —                         | — | 3            | 2 |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | 1               | — | —                 | — | —                         | — | 1            | — |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | 4               | 3 | —                 | — | —                         | — | 4            | 3 |
| Productive Cough                         | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | 1               | 2 | —                 | — | —                         | — | 1            | 2 |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | —               | — | —                 | — | —                         | — | —            | — |
| Caries                                   | —               | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | 2               | 1 | —                 | — | —                         | — | 2            | 1 |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | 3               | 2 | —                 | — | —                         | — | 3            | 2 |

Signature:   
 Health Officer  
 C.B.P.H.C.S.  
 Islampur Municipality



Annexure - V

## School-wise Report on Health Check-Up of Students

Islampur

Municipality

Hospital Para S.S.P.

Name of School

Period of Examination from 27/07/2018 to 30/07/2018

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        | 69 | Examined | 49 | Healthy          | 15 | Ill | 34 |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 42              | 27 | 30       | 19 | 10               | 5  | 20  | 14 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 18                | 10 | —        | — | 19   | 10 | —               | — | —                    | — | 19                 | 10 | 1                   | 1 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|-------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   | Adnex             |   |              |   |
|                                          | M               | F | M                 | F | M                 | F | M            | F |
| Eye : Visual Defect                      | 2               | 1 | —                 | — | —                 | — | 2            | 1 |
| Conjunctival discharge                   | —               | — | —                 | — | —                 | — | —            | — |
| Ear : Discharge                          | 1               | 1 | 1                 | 1 | —                 | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                 | — | —            | — |
| Hearing Defect                           | 1               | 1 | —                 | — | —                 | — | 1            | 1 |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 | —                 | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                 | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                 | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                 | — | —            | — |
| Respiratory System                       | 3               | 2 | —                 | — | —                 | — | 3            | 2 |
| Productive Cough                         | —               | — | —                 | — | —                 | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                 | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                 | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                 | — | —            | — |
| Gastro-Intestinal System                 | —               | — | —                 | — | —                 | — | —            | — |
| Palpable Liver                           | 2               | — | 1                 | — | —                 | — | 1            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                 | — | —            | — |
| Dental                                   | 2               | — | —                 | — | —                 | — | 2            | — |
| Caries                                   | 2               | 1 | —                 | — | —                 | — | 2            | 1 |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                 | — | —            | — |
| Skin                                     | —               | — | —                 | — | —                 | — | —            | — |
| Scabies                                  | —               | — | —                 | — | —                 | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                 | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                 | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                 | — | —            | — |
| Psychological Disorder                   | 1               | 1 | —                 | — | —                 | — | 1            | 1 |

Signature of Officer  
**Health Officer**  
**C.B.P.H.C.S.**  
**Islampur Municipality**



*Total no 3*  
Memo No. :- SDDM/ Health/ 154/ 10 -1)

*Health Extnt*

Date: 20.5.10

Phone No. :- (033) 2551-2357  
2743  
2549 - 8388

Office of the Councillors of South Dum Dum Municipality  
Nager Bazar, Kolkata – 700 074

To  
The Project Director,  
CMU, KUSP,  
Salt Lake.

Sir,



Sub: Final Report of Primary Health check-up Programme, 2009-10.

Please find herewith report of 3 school wise Primary School Health Check up Programme covering total 30 Primary Schools for the year 2009 – 2010.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,

*[Signature]*  
Health Officer.

Health Officer  
South Dum Dum Municipality



## School-wise Report on Health Check-Up of Students

South Dum Dum Municipality

Name of School: Tanpur Primag  
KidgabayPeriod of Examination from 14.5.10 to .....

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 32              | 24 | 27       | 12 | 3                | 2 | 24  | 10 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 4                 | 2 | -        | - | 14   | 4 | -               | - | -                    | - | -                  | - | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | —               | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | 3               | 2 | 3                 | 2 | —                         | — | —            | — |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | — | 2                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 3               | 2 | —                 | — | —                         | — | 3            | 2 |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     |                 |   |                   | — | —                         | — | —            | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | —               | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO

South Dum Dum Municipality



# School-wise Report on Health Check-Up of Students

Annexure - V

South Dum Dum Municipality

Name of School Satyabanta Prasad School

Period of Examination from 13.5.19 to 14.5.19

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 42              | 30 | 26       | 24 | 3                | 2 | 23  | 21 |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 3                 | 6 | —        | — | 15   | 12 | —               | — | —                    | — | —                  | — | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 2               | 1 | 1                 | 1 | 1                         | 1 | 2            | 1 |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Ear : Discharge                          | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Impacted Wax                             | 3               | 1 | 3                 | 1 | 1                         | 1 | 1            | 1 |
| Hearing Defect                           | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Deviated Nasal Septum                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Polyp                                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Throat: Enlarged Tonsil                  | 2               | 1 | 2                 | 1 | 1                         | 1 | 1            | 1 |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Palpable Spleen                          | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 5               | 7 | 5                 | 7 | 1                         | 1 | 1            | 1 |
| Bleeding & Spongy Gum                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Rash                                     | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Eczema                                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Pyoderma                                 | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
Health Officer

South Dum Dum Municipality



## School-wise Report on Health Check-Up of Students

South Dum Dum Municipality

Name of School. Patipukur Digha SchoolPeriod of Examination from 17.5.18 to 18.5.18

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 72              | 64 | 57       | 46 | 25               | 2 | 32  | 34 |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 4                 | 8 | —        | — | 4    | 17 | —               | — | —                    | — | —                  | — | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 2               | 3 | —                 | — | —                         | — | 2            | 3 |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | 5               | 3 | 5                 | 3 | —                         | — | —            | — |
| Hearing Defect                           | —               | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | 3               | 3 | 3                 | 3 | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | 1               | 2 | 1                 | 2 | —                         | — | —            | — |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 1 | 2                 | 1 | —                         | — | —            | — |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 7               | 9 | 7                 | 9 | —                         | — | 7            | 9 |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | —               | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | 1 | —                 | 1 | —                         | — | —            | — |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
Health Officer

South Dum Dum Municipality



Chem → Total No of School = 26

Annexure - V

# School-wise Report on Health Check-Up of Students

Ragpur-Sonarpur Municipality

Name of School Jagaddal G.S. F.P. School

Period of Examination from..... to 16.2.10

| No. of Students |    |          |    | Status of Health |    |      |    |
|-----------------|----|----------|----|------------------|----|------|----|
| Enrolled        |    | Examined |    | Healthy          |    | -Ill |    |
| M               | F  | M        | F  | M                | F  | M    | F  |
| 54              | 60 | 54       | 60 | 21               | 28 | 33   | 32 |

## Nature of Illness

| Anaemia |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
|---------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 17      | 9 |          |   | 11   | 8 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      |                 |    |                   |    |                           |   |              |    |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |    |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |    |
| Impacted Wax                             | 3               | 3  | 3                 | 3  |                           |   |              |    |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |    |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |    |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |    |
| Polyp                                    |                 |    |                   |    |                           |   |              |    |
| Throat: Enlarged Tonsil                  | 1               | 3  | 1                 | 3  |                           |   |              |    |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         |                 |    |                   |    |                           |   |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |    |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |    |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | 16              | 17 | 16                | 17 |                           |   | 16           | 17 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |    |
| Skin                                     |                 |    |                   |    |                           |   |              |    |
| Scabies                                  |                 |    |                   |    |                           |   |              |    |
| Rash                                     |                 |    |                   |    |                           |   |              |    |
| Eczema                                   |                 |    |                   |    |                           |   |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |    |

Signature of HO/AHO



# School- wise Report on Health Check-Up of Students

Annexure - V

Rajpur-Sonarpur Municipality

Name of School. Harisawa Rani Bal

Period of Examination from..... to 17.2.10

Path Bhaban

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | III |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 94              | 97 | 94       | 97 | 56               | 62 | 38  | 35 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 9                 | 10 |          |   | 12   | 14 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      |                 |    |                   |    |                           |   |              |    |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |    |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |    |
| Impacted Wax                             | 12              | 6  | 12                | 6  |                           |   |              |    |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |    |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |    |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |    |
| Polyp                                    |                 |    |                   |    |                           |   |              |    |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |    |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         |                 |    |                   |    |                           |   |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |    |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |    |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | 24              | 30 | 24                | 30 |                           |   | 8            | 10 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |    |
| Skin                                     |                 |    |                   |    |                           |   |              |    |
| Scabies                                  |                 |    |                   |    |                           |   |              |    |
| Rash                                     |                 |    |                   |    |                           |   |              |    |
| Eczema                                   |                 |    |                   |    |                           |   |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |    |
| Psychological Disorder                   | 2               | 0  | 2                 | -  |                           |   | 2            | -  |

Signature of HO/AHO



3

Annexure - V

# School- wise Report on Health Check-Up of Students

Rajpur Sonarpur Municipality

Name of School Chowhali Nanna Buri  
yadi Bidhyalaya

Period of Examination from..... to 26.2.10

| No. of Students |     |          |     | Status of Health |    |      |    |
|-----------------|-----|----------|-----|------------------|----|------|----|
| Enrolled        |     | Examined |     | Healthy          |    | -Ill |    |
| M               | F   | M        | F   | M                | F  | M    | F  |
| 99              | 109 | 99       | 109 | 59               | 57 | 40   | 52 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 14                | 10 |          |   | 10   | 12 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      | 2               | 0  | 2                 | -  |                           |   | 2            | -  |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |    |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |    |
| Impacted Wax                             | 9               | 1  | 9                 | 1  |                           |   |              |    |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |    |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |    |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |    |
| Polyp                                    |                 |    |                   |    |                           |   |              |    |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |    |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         |                 |    |                   |    |                           |   |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |    |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |    |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | 37              | 30 | 37                | 30 |                           |   | 10           | 10 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |    |
| Skin                                     | 1               | -  | 1                 | -  |                           |   |              |    |
| Scabies                                  | 1               | -  | 1                 | -  |                           |   |              |    |
| Rash                                     |                 |    |                   |    |                           |   |              |    |
| Eczema                                   |                 |    |                   |    |                           |   |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |    |
| Psychological Disorder                   | -               | 1  | -                 | 1  |                           |   | -            | 1  |

Signature of HO/AHO



School- wise Report on Health Check-Up of Students

Rajput - Sonarpur Municipality

Name of School Satkari Banga Vidya  
Laya New By.  
School

Period of Examination from..... to 16.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 74              | 86 | 74       | 86 | 37               | 51 | 37  | 35 |

Nature of Illness

| Anaemia |    | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
|---------|----|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F  | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 14      | 17 |          |   | 1    |   |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 2               | 2  | 2                 | 2  |                           |   | 2            | 2 |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |   |
| Impacted Wax                             | —               | 6  | —                 | 6  |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |   |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |   |
| Polyp                                    |                 |    |                   |    |                           |   |              |   |
| Throat: Enlarged Tonsil                  | —               | 1  | —                 | 1  |                           |   |              |   |
| Respiratory System                       |                 |    |                   |    |                           |   |              |   |
| Productive Cough                         |                 |    |                   |    |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |   |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |   |
| Palpable Liver                           | 1               | —  | 1                 | —  |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| Dental                                   |                 |    |                   |    |                           |   |              |   |
| Caries                                   | 22              | 14 | 22                | 14 |                           |   | 10           | 5 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |   |
| Skin                                     |                 |    |                   |    |                           |   |              |   |
| Scabies                                  |                 |    |                   |    |                           |   |              |   |
| Rash                                     |                 |    |                   |    |                           |   |              |   |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |   |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |   |

Signature of HO/AHO



**School-wise Report on Health Check-Up of Students**

5



Annexure - V

Rajput - Sonarpur Municipality

Name of School Subhasini Balika  
Vidyalyaya (Primary)

Period of Examination from..... to 18.3.10

| No. of Students |     |          |     | Status of Health |     |       |    |
|-----------------|-----|----------|-----|------------------|-----|-------|----|
| Enrolled        |     | Examined |     | Healthy          |     | - Ill |    |
| M               | F   | M        | F   | M                | F   | M     | F  |
| 4               | 157 | 4        | 157 | 1                | 106 | 3     | 51 |

| Nature of Illness |    |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 2                 | 16 |          |   |      |   |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      |                 |    |                   |    |                           |   |              |    |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |    |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |    |
| Impacted Wax                             |                 |    |                   |    |                           |   |              |    |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |    |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |    |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |    |
| Polyp                                    |                 |    |                   |    |                           |   |              |    |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |    |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         |                 |    |                   |    |                           |   |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |    |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |    |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | 1               | 37 | 1                 | 37 |                           |   | -            | 15 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |    |
| Skin                                     |                 |    |                   |    |                           |   |              |    |
| Scabies                                  |                 |    |                   |    |                           |   |              |    |
| Rash                                     |                 |    |                   |    |                           |   |              |    |
| Eczema                                   |                 |    |                   |    |                           |   |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |    |

Signature of HO/AHO



(62)

Annexure - V

## School- wise Report on Health Check-Up of Students

Rajput - Soncorpur Municipality

Name of School Baikunthapur -  
Sarada Bidyapith

Period of Examination from..... to 19.3.10

| No. of Students |    |          |    | Status of Health |    |      |    |
|-----------------|----|----------|----|------------------|----|------|----|
| Enrolled        |    | Examined |    | Healthy          |    | -Ill |    |
| M               | F  | M        | F  | M                | F  | M    | F  |
| 35              | 34 | 35       | 34 | 13               | 18 | 22   | 16 |

## Nature of Illness

| Anaemia |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
|---------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 2       | 5 |          |   | 10   | 7 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 11              | 8 | 11                | 8 |                           |   | 2            | 3 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO



## School-wise Report on Health Check-Up of Students

Rajpur Sonarpur Municipality

Name of School Rajpur Bidhyaridhi  
Primary School

Period of Examination from..... to 19.3.10

| No. of Students |    |          |    | Status of Health |    |      |   |
|-----------------|----|----------|----|------------------|----|------|---|
| Enrolled        |    | Examined |    | Healthy          |    | -Ill |   |
| M               | F  | M        | F  | M                | F  | M    | F |
| 180             | 21 | 180      | 21 | 108              | 12 | 72   | 9 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 24                | 1 |          |   | 4    | 8 | 1               | 0 |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 1 | —                 | 1 |                           |   | —            | 1 |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 43              | 8 | 43                | 8 |                           |   | 12           | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 3               | — | 3                 | — |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   | 1               | 1 | 1                 | 1 |                           |   | 1            | 1 |

Signature of HO/AHO

2

Annexure - V

# School- wise Report on Health Check-Up of Students

Rajpur-Sonarpur Municipality

Name of School Jagadlal Uma Charan

Period of Examination from..... to 17.3.10

Primary School

| No. of Students |   |          |    | Status of Health |    |       |    |
|-----------------|---|----------|----|------------------|----|-------|----|
| Enrolled        |   | Examined |    | Healthy          |    | ~ Ill |    |
| M               | F | M        | F  | M                | F  | M     | F  |
|                 |   | 44       | 40 | 10               | 12 | 34    | 28 |

## Nature of Illness

| Anaemia |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
|---------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 8       | 8 |          |   | 1    | 2 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 2  | 1                 | 2  |                           |   | 1            | 2 |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |   |
| Impacted Wax                             | 16              | 13 | 16                | 13 |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |   |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |   |
| Polyp                                    |                 |    |                   |    |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |   |
| Respiratory System                       |                 |    |                   |    |                           |   |              |   |
| Productive Cough                         |                 |    |                   |    |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |   |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |   |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| Dental                                   |                 |    |                   |    |                           |   |              |   |
| Caries                                   | 10              | 11 | 10                | 11 |                           |   | 1            | 2 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |   |
| Skin                                     |                 |    |                   |    |                           |   |              |   |
| Scabies                                  | 0               | 2  | —                 | 2  |                           |   |              |   |
| Rash                                     |                 |    |                   |    |                           |   |              |   |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |   |
| Psychological Disorder                   | 1               | 1  | 1                 | 1  |                           |   | 1            | 1 |

Signature of HO/AHO



# School-wise Report on Health Check-Up of Students

Annexure - V

Rajput-Sonarpur Municipality

Name of School Tagaddal Koloni  
Primary School

Period of Examination from..... to 18.3.10

| No. of Students |    |          |    | Status of Health |    |      |    |
|-----------------|----|----------|----|------------------|----|------|----|
| Enrolled        |    | Examined |    | Healthy          |    | -Ill |    |
| M               | F  | M        | F  | M                | F  | M    | F  |
| 42              | 61 | 42       | 61 | 27               | 38 | 15   | 24 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 3                 | 6 |          |   | 5    | 3 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 1  | -                 | 1  |                           |   | -            | 1 |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |   |
| Impacted Wax                             |                 |    |                   |    |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |   |
| Deviated Nasal Septum                    | 0               | 1  | -                 | 1  |                           |   |              |   |
| Polyp                                    |                 |    |                   |    |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |   |
| Respiratory System                       |                 |    |                   |    |                           |   |              |   |
| Productive Cough                         |                 |    |                   |    |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |   |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |   |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| Dental                                   |                 |    |                   |    |                           |   |              |   |
| Caries                                   | 8               | 16 | 8                 | 16 |                           |   | 3            | 5 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |   |
| Skin                                     |                 |    |                   |    |                           |   |              |   |
| Scabies                                  |                 |    |                   |    |                           |   |              |   |
| Rash                                     |                 |    |                   |    |                           |   |              |   |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |   |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |   |

Signature of HO/AHO

obesity - 1

10

Annexure - V

School- wise Report on Health Check-Up of Students

Rajput-Sonagarw Municipality

Name of School Greenati Kanak

Baru Balika vidyapeeth.

Period of Examination from..... to 23.3.10

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 26              | 34 | 26       | 34 | 21               | 27 | 5   | 7 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 3                 | 5 |          |   | 4    | 2 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Impacted Wax                             | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 3               | 4 | 3                 | 4 |                           |   | -            | - |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO



## School- wise Report on Health Check-Up of Students

Rajpur-Sonapur Municipality

Name of School. Natinpally Sonoji

Period of Examination from..... to 30.3.10

Abaitanik Prathamik School

| No. of Students |     |          |     | Status of Health |    |      |    |
|-----------------|-----|----------|-----|------------------|----|------|----|
| Enrolled        |     | Examined |     | Healthy          |    | ~III |    |
| M               | F   | M        | F   | M                | F  | M    | F  |
| 126             | 117 | 126      | 117 | 79               | 60 | 47   | 57 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 14                | 27 |          |   | 10   | 12 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 0  | 1                 | -  |                           |   | 1            | - |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |   |
| Impacted Wax                             | 8               | 4  | 8                 | 4  |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |   |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |   |
| Polyp                                    |                 |    |                   |    |                           |   |              |   |
| Throat: Enlarged Tonsil                  | -               | 1  | -                 | 1  |                           |   |              |   |
| Respiratory System                       |                 |    |                   |    |                           |   |              |   |
| Productive Cough                         |                 |    |                   |    |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |   |
| Gastro-Intestinal System                 |                 | 1  |                   |    |                           |   |              |   |
| Palpable Liver                           | -               | 1  | -                 | 1  |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| Dental                                   |                 |    |                   |    |                           |   |              |   |
| Caries                                   | 30              | 15 | 30                | 15 |                           |   | 12           | 5 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |   |
| Skin                                     |                 |    |                   |    |                           |   |              |   |
| Scabies                                  | -               | 2  | -                 | 2  |                           |   |              |   |
| Rash                                     |                 |    |                   |    |                           |   |              |   |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |   |
| Psychological Disorder                   | -               | 1  |                   | 1  |                           |   |              | 1 |

Signature of HO/AHO

## School- wise Report on Health Check-Up of Students

Rajpur - Sonarpur Municipality

Name of School Elachi Vivekanda  
vedgapieth

Period of Examination from..... to 30.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 172             | 87 | 112      | 87 | 69               | 51 | 43  | 36 |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 10                | 6 |          |   | 13   | 12 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 1  | 1                 | 1  |                           |   | 1            | 1 |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |   |
| Impacted Wax                             | 2               | 2  | 2                 | 2  |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |   |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |   |
| Polyp                                    |                 |    |                   |    |                           |   |              |   |
| Throat: Enlarged Tonsil                  | -               | 1  | -                 | 1  |                           |   |              |   |
| Respiratory System                       |                 |    |                   |    |                           |   |              |   |
| Productive Cough                         | -               | 3  | -                 | 3  |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |   |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |   |
| Palpable Liver                           | 2               | -  | 2                 | -  |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| Dental                                   |                 |    |                   |    |                           |   |              |   |
| Caries                                   | 18              | 13 | 18                | 13 |                           |   | 10           | 8 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |   |
| Skin                                     |                 |    |                   |    |                           |   |              |   |
| Scabies                                  |                 |    |                   |    |                           |   |              |   |
| Rash                                     |                 |    |                   |    |                           |   |              |   |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |   |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |   |

Signature of HO/AHO



13

Annexure - V

# School- wise Report on Health Check-Up of Students

Rajpur - Sonarpur Municipality

Name of School Chowhati D Block  
S. F. P. School

Period of Examination from..... to 31.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 47              | 55 | 47       | 55 | 20               | 30 | 27  | 25 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 4                 | 6 | 2        | 3 | 2    | 0 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 2               | 0 | 2                 | — |                           |   | 2            | — |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 12              | 7 | 12                | 7 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    | 1               | 0 | 1                 | — |                           |   |              |   |
| Throat: Enlarged Tonsil                  | 6               | 1 | 6                 | 1 |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 8               | 8 | 8                 | 8 |                           |   | 4            | 4 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO

School- wise Report on Health Check-Up of Students

Rajpura - Sonarpur Municipality

Name of School Ratna F. P. School

Period of Examination from 31.3.10 to

| No. of Students |    |          |    | Status of Health |    |       |    |
|-----------------|----|----------|----|------------------|----|-------|----|
| Enrolled        |    | Examined |    | Healthy          |    | - Ill |    |
| M               | F  | M        | F  | M                | F  | M     | F  |
| 73              | 71 | 73       | 71 | 46               | 36 | 27    | 35 |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 7                 | 9 |          |   | 7    | 13 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    | M                         | F | M            | F |
|                                          | M               | F  | M                 | F  |                           |   |              |   |
| Eye : Visual Defect                      |                 |    |                   |    |                           |   |              |   |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |   |
| Impacted Wax                             | 4               | 6  | 4                 | 6  |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |   |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |   |
| Polyp                                    | 1               | -  | 1                 | -  |                           |   |              |   |
| Throat: Enlarged Tonsil                  | 4               | 2  | 4                 | 2  |                           |   |              |   |
| <b>Respiratory System</b>                |                 |    |                   |    |                           |   |              |   |
| Productive Cough                         |                 |    |                   |    |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |    |                   |    |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |    |                   |    |                           |   |              |   |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| <b>Dental</b>                            |                 |    |                   |    |                           |   | 5            | 6 |
| Caries                                   | 11              | 11 | 11                | 11 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |   |
| <b>Skin</b>                              |                 |    |                   |    |                           |   |              |   |
| Scabies                                  |                 |    |                   |    |                           |   |              |   |
| Rash                                     |                 |    |                   |    |                           |   |              |   |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |    |                   |    |                           |   |              |   |

Signature of HO/AHO



## School-wise Report on Health Check-Up of Students

Rajpura-Soncoyur Municipality

Name of School Nutan Diara F. P.

Period of Examination from 30.3.10 to .....

ward - 3

| No. of Students |    |          |   | Status of Health |   |     |   |
|-----------------|----|----------|---|------------------|---|-----|---|
| Enrolled        |    | Examined |   | Healthy          |   | Ill |   |
| M               | F  | M        | F | M                | F | M   | F |
| 79              | 27 | 52       |   |                  |   |     |   |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 1                 | 2 |          |   | 9    | 1 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 1               | 0 | 1                 | 0 | 0                         | 0 | 1            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |

Signature of HO/AHO

# School-wise Report on Health Check-Up of Students

Annexure - V

Rajpura Sonarpur Municipality

Name of School Kamma lead Basanti Bal  
Vidyalaya

Period of Examination from 31.3.10 to .....

| No. of Students |     |          |     | Status of Health |     |     |    |
|-----------------|-----|----------|-----|------------------|-----|-----|----|
| Enrolled        |     | Examined |     | Healthy          |     | Ill |    |
| M               | F   | M        | F   | M                | F   | M   | F  |
| 0               | 300 | 0        | 300 | 6                | 226 | 0   | 77 |

## Nature of Illness

| Anaemia |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
|---------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| .       | . | .        | . | .    | . | .               | . | .                    | . | .                  | 6 | .                   | . |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | .               | . | .                 | . | .                         | . | .            | . |
| Conjunctival discharge                   | .               | . | .                 | . | .                         | . | .            | . |
| Ear : Discharge                          | .               | . | .                 | . | .                         | . | .            | . |
| Impacted Wax                             | .               | . | .                 | . | .                         | . | .            | . |
| Hearing Defect                           | .               | . | .                 | . | .                         | . | .            | . |
| Nose : Discharge                         | .               | . | .                 | . | .                         | . | .            | . |
| Deviated Nasal Septum                    | .               | . | .                 | . | .                         | . | .            | . |
| Polyp                                    | .               | . | .                 | . | .                         | . | .            | . |
| Throat: Enlarged Tonsil                  | .               | . | .                 | . | .                         | . | .            | . |
| Respiratory System                       | .               | . | .                 | . | .                         | . | .            | . |
| Productive Cough                         | .               | . | .                 | . | .                         | . | .            | . |
| Abnormal Breath Sound                    | .               | . | .                 | . | .                         | . | .            | . |
| Cardio Vascular System                   | .               | . | .                 | . | .                         | . | .            | . |
| Abnormal Heart Sounds                    | .               | . | .                 | . | .                         | . | .            | . |
| Gastro-Intestinal System                 | .               | . | .                 | . | .                         | . | .            | . |
| Palpable Liver                           | .               | . | .                 | . | .                         | . | .            | . |
| Palpable Spleen                          | .               | . | .                 | . | .                         | . | .            | . |
| Dental                                   | .               | . | .                 | . | .                         | . | .            | . |
| Caries                                   | 68              | 1 | 68                | 1 | .                         | . | 18           | 1 |
| Bleeding & Spongy Gum                    | .               | . | .                 | . | .                         | . | .            | . |
| Skin                                     | .               | . | .                 | . | .                         | . | .            | . |
| Scabies                                  | .               | . | .                 | . | .                         | . | .            | . |
| Rash                                     | .               | . | .                 | . | .                         | . | .            | . |
| Eczema                                   | .               | . | .                 | . | .                         | . | .            | . |
| Pyoderma                                 | .               | . | .                 | . | .                         | . | .            | . |
| Psychological Disorder                   | .               | . | .                 | . | .                         | . | .            | . |

Signature of HO/AIO

Rajpura

Signature



# School- wise Report on Health Check-Up of Students

Annexure - V

Rajput - Sonarpur Municipality

Name of School Ramkrishna Vidyalaya

Period of Examination from 27.3.10 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 42              | 32 | 42       | 32 | 34               | 30 | 8   | 2 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| .                 | . | .        | . | .    | . | .               | . | .                    | . | 2                  | . | .                   | . |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | .               | . | .                 | . | .                         | . | .            | . |
| Conjunctival discharge                   | .               | . | .                 | . | .                         | . | .            | . |
| Ear : Discharge                          | .               | . | .                 | . | .                         | . | .            | . |
| Impacted Wax                             | .               | . | .                 | . | .                         | . | .            | . |
| Hearing Defect                           | .               | . | .                 | . | .                         | . | .            | . |
| Nose : Discharge                         | .               | . | .                 | . | .                         | . | .            | . |
| Deviated Nasal Septum                    | .               | . | .                 | . | .                         | . | .            | . |
| Polyp                                    | .               | . | .                 | . | .                         | . | .            | . |
| Throat: Enlarged Tonsil                  | .               | . | .                 | . | .                         | . | .            | . |
| Respiratory System                       | .               | . | .                 | . | .                         | . | .            | . |
| Productive Cough                         | .               | . | .                 | . | .                         | . | .            | . |
| Abnormal Breath Sound                    | .               | . | .                 | . | .                         | . | .            | . |
| Cardio Vascular System                   | .               | . | .                 | . | .                         | . | .            | . |
| Abnormal Heart Sounds                    | .               | . | .                 | . | .                         | . | .            | . |
| Gastro-Intestinal System                 | .               | . | .                 | . | .                         | . | .            | . |
| Palpable Liver                           | .               | . | .                 | . | .                         | . | .            | . |
| Palpable Spleen                          | .               | . | .                 | . | .                         | . | .            | . |
| Dental                                   | .               | . | .                 | . | .                         | . | .            | . |
| Caries                                   | 5               | 1 | 5                 | 1 | .                         | . | .            | . |
| Bleeding & Spongy Gum                    | .               | . | .                 | . | .                         | . | .            | . |
| Skin                                     | .               | . | .                 | . | .                         | . | .            | . |
| Scabies                                  | 3               | 1 | 3                 | 1 | .                         | . | .            | . |
| Rash                                     | .               | . | .                 | . | .                         | . | .            | . |
| Eczema                                   | .               | . | .                 | . | .                         | . | .            | . |
| Pyoderma                                 | .               | . | .                 | . | .                         | . | .            | . |
| Psychological Disorder                   | .               | . | .                 | . | .                         | . | .            | . |

Signature of HO/AHO

S. Dasgupta

## School-wise Report on Health Check-Up of Students

Rajpura Sonarpur Municipality

Name of School Atul-Krishna/Acharje  
Brasida Nagar, F.P. SchoolPeriod of Examination from 1.6.3.10 to .....

| No. of Students |     |          |     | Status of Health |     |      |    |
|-----------------|-----|----------|-----|------------------|-----|------|----|
| Enrolled        |     | Examined |     | Healthy          |     | ~Ill |    |
| M               | F   | M        | F   | M                | F   | M    | F  |
| 39              | 144 | 39       | 144 | 32               | 105 | 7    | 39 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |    |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|----|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |    |
| M                 | F | M        | F | M    | F | M               | F | M                    | F  |
|                   |   |          |   |      |   |                 |   | 1                    | 11 |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | .               | .  | .                 | .  | .                         | . | .            | . |
| Conjunctival discharge                   | .               | .  | .                 | .  | .                         | . | .            | . |
| Ear : Discharge                          | .               | .  | .                 | .  | .                         | . | .            | . |
| Impacted Wax                             | .               | .  | .                 | .  | .                         | . | .            | . |
| Hearing Defect                           | .               | .  | .                 | .  | .                         | . | .            | . |
| Nose : Discharge                         | .               | .  | .                 | .  | .                         | . | .            | . |
| Deviated Nasal Septum                    | .               | .  | .                 | .  | .                         | . | .            | . |
| Polyp                                    | .               | .  | .                 | .  | .                         | . | .            | . |
| Throat: Enlarged Tonsil                  | .               | .  | .                 | .  | .                         | . | .            | . |
| Respiratory System                       | .               | .  | .                 | .  | .                         | . | .            | . |
| Productive Cough                         | .               | .  | .                 | .  | .                         | . | .            | . |
| Abnormal Breath Sound                    | .               | .  | .                 | .  | .                         | . | .            | . |
| Cardio Vascular System                   | .               | .  | .                 | .  | .                         | . | .            | . |
| Abnormal Heart Sounds                    | .               | .  | .                 | .  | .                         | . | .            | . |
| Gastro-Intestinal System                 | .               | .  | .                 | .  | .                         | . | .            | . |
| Palpable Liver                           | .               | .  | .                 | .  | .                         | . | .            | . |
| Palpable Spleen                          | .               | .  | .                 | .  | .                         | . | .            | . |
| Dental                                   | .               | .  | .                 | .  | .                         | . | -            | 8 |
| Caries                                   | 6               | 23 | 6                 | 23 | .                         | . | .            | . |
| Bleeding & Spongy Gum                    | .               | .  | .                 | .  | .                         | . | .            | . |
| Skin                                     | 6               | 5  | -                 | 5  | .                         | . | .            | . |
| Scabies                                  | .               | .  | .                 | .  | .                         | . | .            | . |
| Rash                                     | .               | .  | .                 | .  | .                         | . | .            | . |
| Eczema                                   | .               | .  | .                 | .  | .                         | . | .            | . |
| Pyoderma                                 | .               | .  | .                 | .  | .                         | . | .            | . |
| Psychological Disorder                   | .               | .  | .                 | .  | .                         | . | .            | . |

Signature of HO/AHO

Rajpura  
S. Dasgupta

[Signature]



# School- wise Report on Health Check-Up of Students

Annexure - V

Rajpura Sonarpur Municipality

Name of School Kamra Bad F.P. School

Period of Examination from 30.3.20 to .....

| No. of Students |   |          |   | Status of Health |   |     |   |
|-----------------|---|----------|---|------------------|---|-----|---|
| Enrolled        |   | Examined |   | Healthy          |   | Ill |   |
| M               | F | M        | F | M                | F | M   | F |
| 422             | 0 | 422      | 0 | 347              | 0 | 75  | 0 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 0                 | 0 | 0        | 0 | 0    | 0 | 0               | 0 | 0                    | 0 | 0                  | 0 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 69              | 0 | 69                | 0 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 2               | 0 | 2                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 4               | 0 | 4                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 8               | 0 | 8                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |

Signature of HO/AHO

20

Annexure - V

# School-wise Report on Health Check-Up of Students

Rajp. Lal - Sonarpur Municipality

Name of School. Vidyasagar F.P. School

Period of Examination from. 30.3.10 to .....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 26              | 35 | 26       | 35 | 16               | 18 | 10  | 17 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |    |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F  | M                   | F |
| .                 | . | .        | . | .    | . | .               | . | .                    | . | 3                  | 10 | .                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | .               | . | .                 | . | .                         | . | .            | . |
| Conjunctival discharge                   | .               | . | .                 | . | .                         | . | .            | . |
| Ear : Discharge                          | .               | . | .                 | . | .                         | . | .            | . |
| Impacted Wax                             | .               | . | .                 | . | .                         | . | .            | . |
| Hearing Defect                           | .               | . | .                 | . | .                         | . | .            | . |
| Nose : Discharge                         | .               | . | .                 | . | .                         | . | .            | . |
| Deviated Nasal Septum                    | .               | . | .                 | . | .                         | . | .            | . |
| Polyp                                    | .               | . | .                 | . | .                         | . | .            | . |
| Throat: Enlarged Tonsil                  | .               | . | .                 | . | .                         | . | .            | . |
| Respiratory System                       | .               | . | .                 | . | .                         | . | .            | . |
| Productive Cough                         | .               | . | .                 | . | .                         | . | .            | . |
| Abnormal Breath Sound                    | .               | . | .                 | . | .                         | . | .            | . |
| Cardio Vascular System                   | .               | . | .                 | . | .                         | . | .            | . |
| Abnormal Heart Sounds                    | .               | . | .                 | . | .                         | . | .            | . |
| Gastro-Intestinal System                 | .               | . | .                 | . | .                         | . | .            | . |
| Palpable Liver                           | .               | . | .                 | . | .                         | . | .            | . |
| Palpable Spleen                          | .               | . | .                 | . | .                         | . | .            | . |
| Dental                                   | .               | . | .                 | . | .                         | . | .            | . |
| Caries                                   | 5               | 7 | 5                 | 7 | .                         | . | .            | . |
| Bleeding & Spongy Gum                    | .               | . | .                 | . | .                         | . | .            | . |
| Skin                                     | .               | . | .                 | . | .                         | . | .            | . |
| Scabies                                  | 2               | 0 | 2                 | — | .                         | . | .            | . |
| Rash                                     | .               | . | .                 | . | .                         | . | .            | . |
| Eczema                                   | .               | . | .                 | . | .                         | . | .            | . |
| Pyoderma                                 | .               | . | .                 | . | .                         | . | .            | . |
| Psychological Disorder                   | .               | . | .                 | . | .                         | . | .            | . |

Signature of HO/AHO

*[Signature]*

*[Signature]*



# School-wise Report on Health Check-Up of Students

Name of School Gorkhara P.S. School

Rajpura - Sonarpur Municipality

Period of Examination from 27.3.10 to .....

| No. of Students |     |          |     | Status of Health |    |     |    |
|-----------------|-----|----------|-----|------------------|----|-----|----|
| Enrolled        |     | Examined |     | Healthy          |    | Ill |    |
| M               | F   | M        | F   | M                | F  | M   | F  |
| 105             | 104 | 105      | 104 | 084              | 78 | 21  | 26 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F |
| 0                 | 0 | 0        | 0 | 1    | 0 | 0               | 0 | 0                    | 0 | 3                  | 4 |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |    | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|----|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |    |              |   |
|                                          | M               | F  | M                 | F  | M                         | F  | M            | F |
| Eye : Visual Defect                      | .               | .  | .                 | .  | .                         | .  | .            | . |
| Conjunctival discharge                   | .               | .  | .                 | .  | .                         | .  | .            | . |
| Ear : Discharge                          | .               | .  | .                 | .  | .                         | .  | .            | . |
| Impacted Wax                             | .               | .  | .                 | .  | .                         | .  | .            | . |
| Hearing Defect                           | .               | .  | .                 | .  | .                         | .  | .            | . |
| Nose : Discharge                         | .               | .  | .                 | .  | .                         | .  | .            | . |
| Deviated Nasal Septum                    | .               | .  | .                 | .  | .                         | .  | .            | . |
| Polyp                                    | .               | .  | .                 | .  | .                         | .  | .            | . |
| Throat: Enlarged Tonsil                  | .               | .  | .                 | .  | .                         | .  | .            | . |
| Respiratory System                       | .               | .  | .                 | .  | .                         | .  | .            | . |
| Productive Cough                         | .               | .  | .                 | .  | .                         | .  | .            | . |
| Abnormal Breath Sound                    | .               | .  | .                 | .  | .                         | .  | .            | . |
| Cardio Vascular System                   | .               | .  | .                 | .  | .                         | .  | .            | . |
| Abnormal Heart Sounds                    | .               | .  | .                 | .  | .                         | .  | .            | . |
| Gastro-Intestinal System                 | .               | .  | .                 | .  | .                         | .  | .            | . |
| Palpable Liver                           | .               | .  | .                 | .  | .                         | .  | .            | . |
| Palpable Spleen                          | .               | .  | .                 | .  | .                         | .  | .            | . |
| Dental                                   | 15              | 22 | 15                | 22 | .                         | 10 | 10           | 7 |
| Caries                                   | .               | .  | .                 | .  | .                         | .  | .            | . |
| Bleeding & Spongy Gum                    | .               | .  | .                 | .  | .                         | .  | .            | . |
| Skin                                     | 1               | 1  | 1                 | 1  | .                         | .  | .            | . |
| Scabies                                  | 6               | .  | .                 | .  | .                         | .  | .            | . |
| Rash                                     | 1               | 1  | 1                 | 1  | .                         | .  | .            | . |
| Eczema                                   | .               | .  | .                 | .  | .                         | .  | .            | . |
| Pyoderma                                 | .               | .  | .                 | .  | .                         | .  | .            | . |
| Psychological Disorder                   | .               | .  | .                 | .  | .                         | .  | .            | . |

*Rajpura*  
S. Darghosh

Signature of HO/AHO

*[Signature]*

# School-wise Report on Health Check-Up of Students

Annexure - V

Rajput-Sonarpur Municipality

Name of School: Virekananda Adarsha  
F.P. School

Period of Examination from 27.3.14 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 80              | 64 | 80       | 64 | 60               | 58 | 20  | 8 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| .                 | . | .        | . | 1    | 1 | .               | . | .                    | . | 7                  | 3 | .                   | . |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | .               | . | .                 | . | .                         | . | .            | . |
| Conjunctival discharge                   | .               | . | .                 | . | .                         | . | .            | . |
| Ear : Discharge                          | .               | . | .                 | . | .                         | . | .            | . |
| Impacted Wax                             | .               | . | .                 | . | .                         | . | .            | . |
| Hearing Defect                           | .               | . | .                 | . | .                         | . | .            | . |
| Nose : Discharge                         | .               | . | .                 | . | .                         | . | .            | . |
| Deviated Nasal Septum                    | .               | . | .                 | . | .                         | . | .            | . |
| Polyp                                    | .               | . | .                 | . | .                         | . | .            | . |
| Throat: Enlarged Tonsil                  | .               | . | .                 | . | .                         | . | .            | . |
| Respiratory System                       | .               | . | .                 | . | .                         | . | .            | . |
| Productive Cough                         | .               | . | .                 | . | .                         | . | .            | . |
| Abnormal Breath Sound                    | .               | . | .                 | . | .                         | . | .            | . |
| Cardio Vascular System                   | .               | . | .                 | . | .                         | . | .            | . |
| Abnormal Heart Sounds                    | .               | . | .                 | . | .                         | . | .            | . |
| Gastro-Intestinal System                 | .               | . | .                 | . | .                         | . | .            | . |
| Palpable Liver                           | .               | . | .                 | . | .                         | . | .            | . |
| Palpable Spleen                          | .               | . | .                 | . | .                         | . | .            | . |
| Dental                                   | .               | . | .                 | . | .                         | . | .            | . |
| Caries                                   | 11              | 3 | 11                | 3 | .                         | . | .            | . |
| Bleeding & Spongy Gum                    | .               | . | .                 | . | .                         | . | .            | . |
| Skin                                     | .               | . | .                 | . | .                         | . | .            | . |
| Scabies                                  | 4               | 1 | .                 | 1 | .                         | . | .            | . |
| Rash                                     | 1               | . | 1                 | . | .                         | . | .            | . |
| Eczema                                   | .               | . | .                 | . | .                         | . | .            | . |
| Pyoderma                                 | .               | . | .                 | . | .                         | . | .            | . |
| Psychological Disorder                   | .               | . | .                 | . | .                         | . | .            | . |

Signature of H/O/AHO

Rajput  
S. Dasgosh.

*[Signature]*



School- wise Report on Health Check-Up of Students

Rajput-Sonapur Municipality

Name of School. Baikantapur, Hina  
Vivekananda Vidyaniketan

Period of Examination from. 26.3.10 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 22              | 17 | 22       | 17 | 15               | 13 | 7   | 4 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 0                 | 0 | 0        | 0 | 0    | 0 | 0               | 0 | 0                    | 0 | 4                  | 3 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 1               | 0 | 1                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 2               | 1 | 2                 | 1 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |

S. Dasgosh

Signature of PO/AIO

Raju

Raju



# School- wise Report on Health Check-Up of Students

Rajpura - Sonapatna Municipality

Name of School Baikanthapur Junior Basic School

Period of Examination from 17.3.10 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 91              | 70 | 91       | 70 | 82               | 64 | 9   | 6 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 0                 | 0 | 0        | 0 | 0    | 0 | 0               | 0 | 0                    | 0 | 5                  | 4 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 3               | 2 | 3                 | 2 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 1               | 0 | 1                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |

Rajpura

S. Dasgupta

Signature of HO/AHO



## School- wise Report on Health Check-Up of Students

Rajpur Sonrai Municipality

Name of School Gharasura F.P.S.

Period of Examination from 15.3.10 to .....

| No. of Students |    |          |    | Status of Health |    |            |    |
|-----------------|----|----------|----|------------------|----|------------|----|
| Enrolled        |    | Examined |    | Healthy          |    | Un-Healthy |    |
| M               | F  | M        | F  | M                | F  | M          | F  |
| 123             | 60 | 123      | 60 | 99               | 37 | 24         | 23 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 1                 | 0 | 0        | 0 | 0    | 1 | 0               | 0 | 0                    | 0 | 1                  | 4 | 0                   | 6 |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Caries                                   | 22              | 18 | 22                | 18 | 0                         | 0 | 8            | 7 |
| Bleeding & Spongy Gum                    | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0  | 0                 | 0  | 0                         | 0 | 0            | 0 |

Signature of HO/AHO

# School-wise Report on Health Check-Up of Students

Annexure - V

Name of School Jagannathpur F.P. School

Rajput-Sonarpur Municipality

Period of Examination from 31/3/20 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 44              | 20 | 44       | 20 | 28               | 13 | 16  | 7 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F |
|                   |   |          |   | 1    |   |                 |   | 5                    | 4 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   | M                         | F | M            | F |
|                                          | M               | F | M                 | F |                           |   |              |   |
| Eye : Visual Defect                      | .               | . | .                 | . | .                         | . | .            | . |
| Conjunctival discharge                   | .               | . | .                 | . | .                         | . | .            | . |
| Ear : Discharge                          | .               | . | .                 | . | .                         | . | .            | . |
| Impacted Wax                             | .               | . | .                 | . | .                         | . | .            | . |
| Hearing Defect                           | .               | . | .                 | . | .                         | . | .            | . |
| Nose : Discharge                         | .               | . | .                 | . | .                         | . | .            | . |
| Deviated Nasal Septum                    | .               | . | .                 | . | .                         | . | .            | . |
| Polyp                                    | .               | . | .                 | . | .                         | . | .            | . |
| Throat: Enlarged Tonsil                  | .               | . | .                 | . | .                         | . | .            | . |
| Respiratory System                       | .               | . | .                 | . | .                         | . | .            | . |
| Productive Cough                         | .               | . | .                 | . | .                         | . | .            | . |
| Abnormal Breath Sound                    | .               | . | .                 | . | .                         | . | .            | . |
| Cardio Vascular System                   | .               | . | .                 | . | .                         | . | .            | . |
| Abnormal Heart Sounds                    | .               | . | .                 | . | .                         | . | .            | . |
| Gastro-Intestinal System                 | .               | . | .                 | . | .                         | . | .            | . |
| Palpable Liver                           | .               | . | .                 | . | .                         | . | .            | . |
| Palpable Spleen                          | .               | . | .                 | . | .                         | . | .            | . |
| Dental                                   | .               | . | .                 | . | .                         | . | 2            | 1 |
| Caries                                   | 10              | 3 | 10                | 3 | .                         | . | .            | . |
| Bleeding & Spongy Gum                    | .               | . | .                 | . | .                         | . | .            | . |
| Skin                                     | .               | . | .                 | . | .                         | . | .            | . |
| Scabies                                  | .               | . | .                 | . | .                         | . | .            | . |
| Rash                                     | .               | . | .                 | . | .                         | . | .            | . |
| Eczema                                   | .               | . | .                 | . | .                         | . | .            | . |
| Pyoderma                                 | .               | . | .                 | . | .                         | . | .            | . |
| Psychological Disorder                   | .               | . | .                 | . | .                         | . | .            | . |

Signature of HO/AIO



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Total no school = 15

Name of School

Punamchand Baid  
S.S.K. School.

Period of Examination from 17/12/07 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 48              | 42 | 27       | 24 | 23               | 20 | 4   | 4 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 2                 | 2 | 0        | 0 | 1    | 1 | 0               | 0 | 0                    | 0 | 1                  | 1 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | —               | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | —               | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | —               | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | —               | — | —                 | — | —                         | — | —            | — |
| Caries                                   | —               | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | —               | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | —               | — | —                 | — | —                         | — | —            | — |

Signature of HO/AH



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School Sindhurani S.S. K.

Period of Examination from 18/11/19 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 55              | 48 | 34       | 27 | 30               | 24 | 4   | 3 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 2                 | 2 | 0        | 0 | 2    | 1 | 0               | 0 | 0                    | 0 | 0                  | 0 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   | M                         | F | M            | F |
|                                          | M               | F | M                 | F |                           |   |              |   |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 2               | 2 | 2                 | 2 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |

Signature of HO/AH



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School Chann Bala S.S.K

Period of Examination from 17/1/09 to .....



| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 52              | 42 | 26       | 29 | 23               | 23 | 3   | 3 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 2                 | 2 | 0        | 0 | 1    | 1 | 0               | 0 | 0                    | 0 | 0                  | 0 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab                   |   | No.      |   |
|------------------------------------------|-----------------|---|-------------------|---|-----------------------|---|----------|---|
|                                          | Affected        |   | Treated at School |   | Investigation Advised |   | Referred |   |
|                                          | M               | F | M                 | F | M                     | F | M        | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Productive Cough                         | 2               | 2 | 2                 | 2 | 0                     | 0 | 0        | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Caries                                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |

Signature of HO/AH



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School F.M. Wored S.S. K.

Period of Examination from 24/12/09 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 43              | 45 | 26       | 19 | 24               | 16 | 2   | 3 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 1                 | 2 | 0        | 0 | 1    | 1 | 0               | 0 | 0                    | 0 | 0                  | 1 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   | M                         | F | M            | F |
|                                          | M               | F | M                 | F |                           |   |              |   |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 1               | 1 | 0                 | 1 | 0                         | 0 | 1            | 1 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 1 | 0                 | 1 | 0                         | 0 | 1            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 1               | 2 | 1                 | 2 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 1 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | -               | - | -                 | - | -                         | - | -            | - |
| Palpable Spleen                          | -               | - | -                 | - | -                         | - | -            | - |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | -               | - | -                 | - | -                         | - | -            | - |
| Bleeding & Spongy Gum                    | -               | - | -                 | - | -                         | - | -            | - |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | -               | - | -                 | - | -                         | - | -            | - |
| Rash                                     | -               | - | -                 | - | -                         | - | -            | - |
| Eczema                                   | -               | - | -                 | - | -                         | - | -            | - |
| Pyoderma                                 | -               | - | -                 | - | -                         | - | -            | - |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AH

HEALTH OFFICER  
C.B.P.H.C., DINHATA MUNICIPALITY



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School Bimota S.S.R.

Period of Examination from 22/11/09 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 46              | 40 | 16       | 16 | 14               | 13 | 2   | 3 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 1                 | 1 | 0        | 0 | 1    | 1 | 0               | 0 | 0                    | 0 | 0                  | 1 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab                   |   | No.      |   |
|------------------------------------------|-----------------|---|-------------------|---|-----------------------|---|----------|---|
|                                          | Affected        |   | Treated at School |   | Investigation Advised |   | Referred |   |
|                                          | M               | F | M                 | F | M                     | F | M        | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 | 0                     | 0 | 0        | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Productive Cough                         | 1               | 1 | 1                 | 1 | 0                     | 0 | 0        | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Caries                                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                     | 0 | 0        | 0 |



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School

Profulla Nalini Gahar Pr  
School.

Period of Examination from 24/12/19 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 76              | 31 | 43       | 21 | 40               | 18 | 3   | 3 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 1                 | 1 | 0        | 0 | 1    | 1 | 0               | 0 | 0                    | 0 | 1                  | 1 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   | M                         | F | M            | F |
|                                          | M               | F | M                 | F |                           |   |              |   |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 1               | 1 | 0                 | 1 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 0               | 1 | 0                 | 0 | 0                         | 0 | 0            | 1 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |

Signature of HO/AH

HEALTH OFFICER

C.B.P.H.C., DINHATA MUNICIPALITY



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School

Rajendra Vidhyar  
P.C.H.S

Period of Examination from 26/12/17 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 58              | 46 | 32       | 34 | 30               | 32 | 2   | 2 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
|                   |   |          |   | 2    | 2 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | -               | - | -                 | - | -                         | - | -            | - |
| Conjunctival discharge                   | -               | - | -                 | - | -                         | - | -            | - |
| Ear : Discharge                          | -               | - | -                 | - | -                         | - | -            | - |
| Impacted Wax                             | -               | - | -                 | - | -                         | - | -            | - |
| Hearing Defect                           | -               | - | -                 | - | -                         | - | -            | - |
| Nose : Discharge                         | -               | - | -                 | - | -                         | - | -            | - |
| Deviated Nasal Septum                    | -               | - | -                 | - | -                         | - | -            | - |
| Polyp                                    | -               | - | -                 | - | -                         | - | -            | - |
| Throat: Enlarged Tonsil                  | -               | - | -                 | - | -                         | - | -            | - |
| Respiratory System                       | -               | - | -                 | - | -                         | - | -            | - |
| Productive Cough                         | -               | - | -                 | - | -                         | - | -            | - |
| Abnormal Breath Sound                    | -               | - | -                 | - | -                         | - | -            | - |
| Cardio Vascular System                   | -               | - | -                 | - | -                         | - | -            | - |
| Abnormal Heart Sounds                    | -               | - | -                 | - | -                         | - | -            | - |
| Gastro-Intestinal System                 | -               | - | -                 | - | -                         | - | -            | - |
| Palpable Liver                           | -               | - | -                 | - | -                         | - | -            | - |
| Palpable Spleen                          | -               | - | -                 | - | -                         | - | -            | - |
| Dental                                   | -               | - | -                 | - | -                         | - | -            | - |
| Caries                                   | -               | - | -                 | - | -                         | - | -            | - |
| Bleeding & Spongy Gum                    | -               | - | -                 | - | -                         | - | -            | - |
| Skin                                     | -               | - | -                 | - | -                         | - | -            | - |
| Scabies                                  | -               | - | -                 | - | -                         | - | -            | - |
| Rash                                     | -               | - | -                 | - | -                         | - | -            | - |
| Eczema                                   | -               | - | -                 | - | -                         | - | -            | - |
| Pyoderma                                 | -               | - | -                 | - | -                         | - | -            | - |
| Psychological Disorder                   | -               | - | -                 | - | -                         | - | -            | - |

Signature of HO/AH

HEALTH OFFICER

C.B.P.H.C. DINHATA MUNICIPALITY



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School Dinhata R.R. try School

Period of Examination from...29/12 to 07.....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 48              | 28 | 13       | 16 | 10               | 14 | 3   | 2 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 1                 | 1 | -        | - | 1    | 1 | -               | - | -                    | - | 1                  | - | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |     | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|-----|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |     | M                         | F | M            | F |
|                                          | M               | F | M                 | F   |                           |   |              |   |
| Eye : Visual Defect                      | —               | — | —                 | —   | —                         | — | —            | — |
| Conjunctival discharge                   | —               | — | —                 | —   | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | —   | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | —   | —                         | — | —            | — |
| Hearing Defect                           | —               | — | —                 | —   | —                         | — | —            | — |
| Nose : Discharge                         | 1               | 1 | — 1               | — 1 | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | —   | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | —   | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | —   | —                         | — | —            | — |
| Respiratory System                       | —               | — | —                 | —   | —                         | — | —            | — |
| Productive Cough                         | — 1             | 1 | — 1               | — 1 | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | —   | —                         | — | —            | — |
| Cardio Vascular System                   |                 |   |                   |     |                           |   |              |   |
| Abnormal Heart Sounds                    | —               | — | —                 | —   | —                         | — | —            | — |
| Gastro-Intestinal System                 |                 |   |                   |     |                           |   |              |   |
| Palpable Liver                           | —               | — | —                 | —   | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | —   | —                         | — | —            | — |
| Dental                                   |                 |   |                   |     |                           |   |              |   |
| Caries                                   | —               | — | —                 | —   | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | —   | —                         | — | —            | — |
| Skin                                     |                 |   |                   |     |                           |   |              |   |
| Scabies                                  | —               | — | —                 | —   | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | —   | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | —   | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | —   | —                         | — | —            | — |
| Psychological Disorder                   | —               | — | —                 | —   | —                         | — | —            | — |

Signature of HO/AH

HEALTH OFFICER

C.B.P.H.C. DINHATA MUNICIPALITY



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School

Rabindra Vidya  
Pr. Sh. School

Period of Examination from 28/12/19 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 100             | 96 | 50       | 54 | 45               | 50 | 5   | 4 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 2                 | 1 | 0        | 1 | 2    | 1 |                 |   |                      |   | 1                  | 1 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   | M                         | F | M            | F |
|                                          | M               | F | M                 | F |                           |   |              |   |
| Eye : Visual Defect                      | -               | - | -                 | - | -                         | - | -            | - |
| Conjunctival discharge                   | -               | - | -                 | - | -                         | - | -            | - |
| Ear : Discharge                          | -               | - | -                 | - | -                         | - | -            | - |
| Impacted Wax                             | -               | 1 | -                 | 1 | -                         | - | -            | 1 |
| Hearing Defect                           | -               | - | -                 | - | -                         | - | -            | - |
| Nose : Discharge                         | -               | - | -                 | - | -                         | - | -            | - |
| Deviated Nasal Septum                    | -               | - | -                 | - | -                         | - | -            | - |
| Polyp                                    | -               | - | -                 | - | -                         | - | -            | - |
| Throat: Enlarged Tonsil                  | -               | - | -                 | - | -                         | - | -            | - |
| Respiratory System                       | -               | - | -                 | - | -                         | - | -            | - |
| Productive Cough                         | -               | - | -                 | - | -                         | - | -            | - |
| Abnormal Breath Sound                    | -               | - | -                 | - | -                         | - | -            | - |
| Cardio Vascular System                   | -               | - | -                 | - | -                         | - | -            | - |
| Abnormal Heart Sounds                    | -               | - | -                 | - | -                         | - | -            | - |
| Gastro-Intestinal System                 | -               | - | -                 | - | -                         | - | -            | - |
| Palpable Liver                           | -               | - | -                 | - | -                         | - | -            | - |
| Palpable Spleen                          | -               | - | -                 | - | -                         | - | -            | - |
| Dental                                   | -               | - | -                 | - | -                         | - | -            | - |
| Caries                                   | 1               | 1 | 1                 | 1 | -                         | - | 1            | 1 |
| Bleeding & Spongy Gum                    | -               | - | -                 | - | -                         | - | -            | - |
| Skin                                     | -               | - | -                 | - | -                         | - | -            | - |
| Scabies                                  | -               | - | -                 | - | -                         | - | -            | - |
| Rash                                     | -               | - | -                 | - | -                         | - | -            | - |
| Eczema                                   | -               | - | -                 | - | -                         | - | -            | - |
| Pyoderma                                 | -               | - | -                 | - | -                         | - | -            | - |
| Psychological Disorder                   | -               | - | -                 | - | -                         | - | -            | - |

Signature of HO/AH

HEALTH OFFICER

C.B.P.H.C., DINHATA MUNICIPALITY



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School

Gopal Nagar R. R.  
1st School.

Period of Examination from 7/1/10. to .....

| No. of Students |     |          |    | Status of Health |    |     |   |
|-----------------|-----|----------|----|------------------|----|-----|---|
| Enrolled        |     | Examined |    | Healthy          |    | Ill |   |
| M               | F   | M        | F  | M                | F  | M   | F |
| 181             | 133 | 123      | 87 | 113              | 80 | 10  | 7 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |           |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|-----------|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |           |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F         |
| 4                 | 3 | 0        | 0 | 4    | 2 | 1               | 0 | 0                    | 0 | 1                  | 1 | 0                   | 1 (Hd my) |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | —               | — | —                 | — | —                         | — |              |   |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | —               | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | —               | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | 1               | 1 | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | 0               | 1 | —                 | — | —                         | — | —            | 1 |
| Gastro-Intestinal System                 | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | 0               | 1 | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | —               | — | —                 | — | —                         | — | —            | — |
| Caries                                   | 1               | 1 | —                 | — | —                         | — | 1            | 1 |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | —               | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | —               | — | —                 | — | —                         | — | —            | — |

Signature of HO/AH

HEALTH OFFICER  
C.B.P.H.C., DINHATA MUNICIPALITY



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School

Gosani Road Pny.  
School.

Period of Examination from 8/1/10 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 63              | 57 | 33       | 35 | 29               | 32 | 5   | 3 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 2                 | 1 | 0        | 0 | 2    | 1 | 4               | 0 | 0                    | 0 | 0                  | 1 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 2               | 2 | 2                 | 2 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 1               | 0 | 0                 | 0 | 0                         | 0 | 1            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |

Signature of HO/AH



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School

Ray Kumar Nimina  
Buniyadi Primary School  
(Girls)

Period of Examination from 2/1/10 to .....

| No. of Students |     |          |     | Status of Health |     |     |    |
|-----------------|-----|----------|-----|------------------|-----|-----|----|
| Enrolled        |     | Examined |     | Healthy          |     | Ill |    |
| M               | F   | M        | F   | M                | F   | M   | F  |
| —               | 245 | —        | 132 | —                | 122 | —   | 10 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| —                 | 2 | 0        | 0 | —    | 2 | —               | 2 | —                    | — | —                  | 2 | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | —               | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | —               | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | —               | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | —               | 1 | —                 | 2 | —                         | — | —            | 1 |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | —               | — | —                 | — | —                         | — | —            | — |

Others - Juvenile Diabetes 1  
Hypo thyroidism 1

EADr. Goswami/KUSP/School health programme.doc

Signature of HO/AH

HEALTH OFFICER

C.B.P.H.C., DINHATA MUNICIPALITY



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School

Gita Devi Soni  
Maheswari Py School

Period of Examination from 4/1/10 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 40              | 35 | 19       | 19 | 16               | 16 | 3   | 3 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 1                 | 1 |          |   | 1    | 1 |                 |   | 0                    |   | 1                  | 1 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 1 | 0                 | 0 | 0                         | 0 | 0            | 1 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               |   | 0                 | 0 | 0                         |   |              |   |
| Caries                                   | 1               | 1 | 0                 | 1 | 0                         |   | 1            | 1 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |

Signature of HO/AH

HEALTH OFFICER

C.B.P.H.C., DINHATA MUNICIPALITY



## School- wise Report on Health Check-Up of Students

Dinhata

Municipality

Name of School

Dofabari Hindi  
Prn School.

Period of Examination from 30/3/10 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 56              | 37 | 15       | 14 | 12               | 11 | 3   | 2 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 1                 | 1 |          |   | 1    | 1 |                 |   |                      |   | 1                  |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Ear : Discharge                          | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Impacted Wax                             | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Hearing Defect                           | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Deviated Nasal Septum                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Polyp                                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Throat: Enlarged Tonsil                  | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Respiratory System                       | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Productive Cough                         | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Abnormal Breath Sound                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Cardio Vascular System                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Abnormal Heart Sounds                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Gastro-Intestinal System                 | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Palpable Liver                           | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Palpable Spleen                          | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Dental                                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Caries                                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Bleeding & Spongy Gum                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Skin                                     | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Scabies                                  | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Rash                                     | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Eczema                                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Pyoderma                                 | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Psychological Disorder                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |

Signature of HO/AH

HEALTH OFFICER  
C.B.P.H.C., DINHATA MUNICIPALITY



## School- wise Report on Health Check-Up of Students

Dinhali

Municipality

Name of School

Thuripara New Prg  
School.

Period of Examination from 25/2/10 to .....

| No. of Students |    |          |   | Status of Health |   |     |   |
|-----------------|----|----------|---|------------------|---|-----|---|
| Enrolled        |    | Examined |   | Healthy          |   | Ill |   |
| M               | F  | M        | F | M                | F | M   | F |
| 27              | 28 | 11       | 4 | 10               | 3 | 1   | 1 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
|                   |   |          |   | 1    | 1 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | —               | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | —               | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | —               | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | —               | — | —                 | — | —                         | — | —            | — |
| Caries                                   | —               | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | —               | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | —               | — | —                 | — | —                         | — | —            | — |

Signature of HO/AH

HEALTH OFFICER

C.B.P.H.C., DINHATA MUNICIPALITY



Total No  
Schl = 22

Annexure V

School-wise Report on Health Check-Up of Students

Islampur

Municipality

Name of School

Islampur Panna Pathani  
Vidyalyaya.

Period of Examination from 08.12.09 to 10.12.09.

| No. of Students |     |          |     | Status of Health |    |     |     |
|-----------------|-----|----------|-----|------------------|----|-----|-----|
| Enrolled        | 235 | Examined | 155 | Healthy          | 31 | Ill | 124 |
| M               | F   | M        | F   | M                | F  | M   | F   |
| 129             | 106 | 83       | 72  | 15               | 16 | 68  | 56  |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                   |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|-------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                 | F  | M                   | F |
| 30                | 38 | x        | x | 54   | 51 | x               | x | x                    | x | 24                | 21 | 1                   | x |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | x               | 1 | —                 | 1 | —                         | — | —            | 1 |
| Conjunctival discharge                   | x               | x | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | x               | x | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | —               | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | 1               | 2 | 1                 | 2 | —                         | — | 1            | 2 |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | 4               | 8 | —                 | — | —                         | — | 4            | 8 |
| Productive Cough                         | 4               | 5 | 4                 | 5 | —                         | — | 4            | 5 |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | —               | 2 | —                 | — | —                         | — | —            | 2 |
| Caries                                   | —               | 2 | —                 | 2 | —                         | — | —            | 2 |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | x               | 4 | —                 | — | —                         | — | —            | 4 |
| Scabies                                  | —               | 1 | —                 | — | —                         | — | —            | 1 |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | —               | 1 | —                 | 1 | —                         | — | —            | 1 |

Signature of H.O./AHO  
Health Officer  
C.B.P.H.C.S.  
Islampur Municipality



## School- wise Report on Health Check-Up of Students

Islampur Municipality

Name of School Ashrampara S.S A

Period of Examination from 15.12.2009 to

| No. of Students |     |          |    | Status of Health |    |     |    |
|-----------------|-----|----------|----|------------------|----|-----|----|
| Enrolled        | 101 | Examined | 45 | Healthy          | 22 | Ill | 23 |
| M               | F   | M        | F  | M                | F  | M   | F  |
| 53              | 48  | 26       | 19 | 16               | 06 | 10  | 13 |

| Nature of Illness |    |          |   |      |   |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|---|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F | M               | F | M                    | F | M                  | F  | M                   | F |
| 22                | 16 | —        | — | 34   | 9 | —               | — | —                    | — | 29                 | 14 | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred<br>S |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|-------------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |                   |   |
|                                          | M               | F | M                 | F | M                         | F | M                 | F |
| Eye : Visual Defect                      | 1               | — | —                 | — | —                         | — | 1                 | — |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —                 | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —                 | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —                 | — |
| Hearing Defect                           | —               | 1 | —                 | — | —                         | — | —                 | 1 |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —                 | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —                 | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —                 | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —                 | — |
| Respiratory System                       | 2               | 1 | —                 | — | —                         | — | 2                 | 1 |
| Productive Cough                         | —               | — | —                 | — | —                         | — | —                 | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —                 | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —                 | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —                 | — |
| Gastro-Intestinal System                 | 2               | 1 | —                 | — | —                         | — | 2                 | 1 |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —                 | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —                 | — |
| Dental                                   | —               | — | —                 | — | —                         | — | —                 | — |
| Caries                                   | —               | — | —                 | — | —                         | — | —                 | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —                 | — |
| Skin                                     | —               | — | —                 | — | —                         | — | —                 | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —                 | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —                 | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —                 | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —                 | — |
| Psychological Disorder                   | —               | — | —                 | — | —                         | — | —                 | — |



# School-wise Report on Health Check-Up of Students

ABDELUC - V

Islampur Municipality

Name of School Islampur North F.P.

Period of Examination from 16/12/2019 to 18/12/2019

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 90              | 81 | 72       | 67 | 29               | 31 | 43  | 36 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 52                | 48 | -        | - | 68   | 65 | -               | - | -                    | - | 35                 | 23 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |     |                   |     | Lab Investigation Advised |   | No. Referred<br>12 |     |
|------------------------------------------|-----------------|-----|-------------------|-----|---------------------------|---|--------------------|-----|
|                                          | Affected        |     | Treated at School |     |                           |   |                    |     |
|                                          | M               | F   | M                 | F   | M                         | F | M                  | F   |
| Eye : Visual Defect                      | —               | 03  | —                 | 3   | —                         | — | —                  | 3   |
| Conjunctival discharge                   | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Ear : Discharge                          | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Impacted Wax                             | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Hearing Defect                           | 1               | 01  | — 1               | — 1 | —                         | — | 1                  | 1   |
| Nose : Discharge                         | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Deviated Nasal Septum                    | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Polyp                                    | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Throat: Enlarged Tonsil                  | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Respiratory System                       | 4               | —   | —                 | —   | —                         | — | 4                  | —   |
| Productive Cough                         | — 1             | —   | — 1               | —   | —                         | — | — 1                | —   |
| Abnormal Breath Sound                    | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Cardio Vascular System                   | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Abnormal Heart Sounds                    | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Gastro-Intestinal System                 | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Palpable Liver                           | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Palpable Spleen                          | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Dental                                   | 8               | 2   | —                 | —   | —                         | — | 3                  | 2   |
| Caries                                   | — 3             | — 2 | — 3               | — 2 | —                         | — | — 3                | — 2 |
| Bleeding & Spongy Gum                    | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Skin                                     | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Scabies                                  | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Rash                                     | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Eczema                                   | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Pyoderma                                 | —               | —   | —                 | —   | —                         | — | —                  | —   |
| Psychological Disorder                   | —               | 1   | —                 | — 1 | —                         | — | —                  | 1   |

Signature of HO/ AHO  
Health Officer  
C.B.P.H.C.S.  
Islampur Municipality



School- wise Report on Health Check Up of Students

Islampur

Municipality

Mellanbally Aditassi F.C.P.S.

Name of School

13/1/2010 to 14/1/10

Period of Examination from..... to .....

*[Signature]*

| No. of Students |     |          |    | Status of Health |    |     |    |
|-----------------|-----|----------|----|------------------|----|-----|----|
| Enrolled        | 105 | Examined | 82 | Healthy          | 36 | Ill | 46 |
| M               | F   | M        | F  | M                | F  | M   | F  |
| 55              | 50  | 44       | 38 | 20               | 16 | 24  | 22 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 34                | 28 | —        | — | 36   | 24 | —               | — | —                    | — | 28                 | 18 | —                   | 1 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 2               | 1 | 2                 | 1 | —                         | — | 2            | 1 |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | 2               | 2 | 2                 | 2 | —                         | — | 2            | 2 |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | 3               | 3 | —                 | — | —                         | — | 3            | 3 |
| Productive Cough                         | 3               | 3 | —                 | 3 | 3                         | — | 3            | 3 |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | 2               | 2 | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | 2               | 2 | 2                 | 2 | —                         | — | 2            | 2 |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | —               | — | —                 | — | —                         | — | —            | — |
| Caries                                   | —               | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | 2               | 2 | —                 | — | —                         | — | 2            | 2 |
| Scabies                                  | 2               | 1 | —                 | 2 | 1                         | — | 2            | 1 |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | 1               | 1 | —                 | 1 | —                         | — | —            | 1 |

*[Signature]*  
Signature of HO/ARO  
Health Officer  
C.B.P.H.C  
Islampur



Municipality

Period of Examination from 6/2/10 to 2/4/10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        | 72 | Examined | 72 | Healthy          | 22 | Ill | 50 |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 42              | 30 | 32       | 40 | 10               | 12 | 22  | 28 |

| Nature of Illness |    |          |   |      |    |                 |   |                     |   |                   |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|---------------------|---|-------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def Disorder |   | Vit. Def Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                   | F | M                 | F  | M                   | F |
| 18                | 20 | —        | — | 20   | 22 | —               | — | —                   | — | 20                | 25 | 1                   | — |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 2               | 2 | —                 | 2 | —                         | — | 2            | 2 |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | 2               | 3 | —                 | 2 | —                         | — | 2            | 3 |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | 2               | 8 | —                 | — | —                         | — | 2            | 8 |
| Productive Cough                         | —               | 2 | —                 | 8 | —                         | — | —            | 8 |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | —               | 1 | —                 | — | —                         | — | —            | 1 |
| Caries                                   | —               | — | —                 | 1 | —                         | — | —            | 1 |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | —               | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | 1               | — | —                 | 1 | —                         | — | 1            | 0 |



# School-wise Report on Health Check-up of Students

35/04/2018 Municipality

Name of School

Period of Examination from 01/04/2018 to 05/04/2018

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 40              | 26 | 25       | 23 | 5                | 4 | 20  | 19 |

| Nature of Illness |    |          |   |      |    |                 |   |                     |   |                  |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|---------------------|---|------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def Disorder |   | Vit Def Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                   | F | M                | F  | M                   | F |
| 13                | 12 | —        | — | 15   | 16 | —               | — | —                   | — | 15               | 14 | 1                   | — |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Ear : Discharge                          | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Impacted Wax                             | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Hearing Defect                           | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Deviated Nasal Septum                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Polyp                                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Throat: Enlarged Tonsil                  | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Respiratory System                       | 2               | 3 | 1                 | 1 | 1                         | 1 | 2            | 3 |
| Productive Cough                         | 2               | 3 | 2                 | 3 | 1                         | 1 | 2            | 3 |
| Abnormal Breath Sound                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Cardio Vascular System                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Abnormal Heart Sounds                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Gastro-Intestinal System                 | 4               | 1 | 1                 | 1 | 1                         | 1 | 4            | 1 |
| Palpable Liver                           | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Palpable Spleen                          | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Dental                                   | 2               | 4 | 1                 | 1 | 1                         | 1 | 2            | 4 |
| Caries                                   | 2               | 1 | 1                 | 2 | 1                         | 1 | 2            | 1 |
| Bleeding & Spongy Gum                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Skin                                     | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Scabies                                  | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Rash                                     | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Eczema                                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Pyoderma                                 | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Psychological Disorder                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |

Signature of H.O. HO/HO  
C.B.P.H.C.  
Islampur Murli



# School-wise Report on Health Check up of Students

Iskampur

Municipality

Name of School

Narayan S.S.K

Period of Examination from 24-02-2010 to

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        | 63 | Examined | 48 | Healthy          | 26 | Ill | 22 |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 30              | 33 | 26       | 22 | 9                | 17 | 17  | 5  |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 20                | 18 | -        | - | 22   | 18 | -               | - | -                    | - | 23                 | 19 | 2                   | - |

| Salient Findings of Systemic Examination | No. of Students |     |                   |     | Lab Investigation Advised |   | No. Referred |     |
|------------------------------------------|-----------------|-----|-------------------|-----|---------------------------|---|--------------|-----|
|                                          | Affected        |     | Treated at School |     |                           |   |              |     |
|                                          | M               | F   | M                 | F   | M                         | F | M            | F   |
| Eye : Visual Defect                      | 01              | -   | 2                 | -   | -                         | - | 01           | -   |
| Conjunctival discharge                   | -               | -   | -                 | -   | -                         | - | -            | -   |
| Ear : Discharge                          | -               | -   | -                 | -   | -                         | - | -            | -   |
| Impacted Wax                             | -               | -   | -                 | -   | -                         | - | -            | -   |
| Hearing Defect                           | -               | -   | -                 | -   | -                         | - | -            | -   |
| Nose : Discharge                         | -               | -   | -                 | -   | -                         | - | -            | -   |
| Deviated Nasal Septum                    | -               | -   | -                 | -   | -                         | - | -            | -   |
| Polyp                                    | -               | -   | -                 | -   | -                         | - | -            | -   |
| Throat: Enlarged Tonsil                  | -               | -   | -                 | -   | -                         | - | -            | -   |
| Respiratory System                       | 01              | 02  | -                 | -   | -                         | - | 01           | 02  |
| Productive Cough                         | - 1             | - 2 | - 1               | - 2 | -                         | - | - 1          | - 2 |
| Abnormal Breath Sound                    | -               | -   | -                 | -   | -                         | - | -            | -   |
| Cardio Vascular System                   | -               | -   | -                 | -   | -                         | - | -            | -   |
| Abnormal Heart Sounds                    | -               | -   | -                 | -   | -                         | - | -            | -   |
| Gastro-Intestinal System                 | -               | -   | -                 | -   | -                         | - | -            | -   |
| Palpable Liver                           | -               | -   | -                 | -   | -                         | - | -            | -   |
| Palpable Spleen                          | -               | -   | -                 | -   | -                         | - | -            | -   |
| Dental                                   | -               | -   | -                 | -   | -                         | - | -            | -   |
| Caries                                   | -               | -   | -                 | -   | -                         | - | -            | -   |
| Bleeding & Spongy Gum                    | -               | -   | -                 | -   | -                         | - | -            | -   |
| Skin                                     | -               | -   | -                 | -   | -                         | - | -            | -   |
| Scabies                                  | -               | -   | -                 | -   | -                         | - | -            | -   |
| Rash                                     | -               | -   | -                 | -   | -                         | - | -            | -   |
| Eczema                                   | -               | -   | -                 | -   | -                         | - | -            | -   |
| Pyoderma                                 | -               | -   | -                 | -   | -                         | - | -            | -   |
| Psychological Disorder                   | -               | -   | -                 | -   | -                         | - | -            | -   |

Signature of  
C.B.P.H.C.S.  
Iskampur Municipality

Attention Dr. Goswami

School wise Report on Health Check Up of Students

Islampur

Municipality

Paratanfally G.S.F.P School  
Name of School

Period of Examination from 25/02/2010 to 26/02/2010

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 59              | 55 | 41       | 40 | 12               | 18 | 29  | 22 |

| Nature of Illness |    |          |   |      |    |                 |   |                     |   |                   |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|---------------------|---|-------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def Disorder |   | Vit. Def Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                   | F | M                 | F  | M                   | F |
| 34                | 30 | —        | — | 33   | 43 | —               | — | —                   | — | 40                | 40 | 0                   | 1 |

| Salient Findings of Systemic Examination | No. of Students |     |                   |     | Lab Investigation Advised |   | No. Referred |     |
|------------------------------------------|-----------------|-----|-------------------|-----|---------------------------|---|--------------|-----|
|                                          | Affected        |     | Treated at School |     |                           |   |              |     |
|                                          | M               | F   | M                 | F   | M                         | F | M            | F   |
| Eye : Visual Defect                      | —               | —   | —                 | —   | —                         | — | —            | —   |
| Conjunctival discharge                   | —               | —   | —                 | —   | —                         | — | —            | —   |
| Ear : Discharge                          | —               | —   | —                 | —   | —                         | — | —            | —   |
| Impacted Wax                             | —               | —   | —                 | —   | —                         | — | —            | —   |
| Hearing Defect                           | 00              | 01  | —                 | 1   | —                         | — | 00           | 01  |
| Nose : Discharge                         | —               | —   | —                 | —   | —                         | — | —            | —   |
| Deviated Nasal Septum                    | —               | —   | —                 | —   | —                         | — | —            | —   |
| Polyp                                    | —               | —   | —                 | —   | —                         | — | —            | —   |
| Throat: Enlarged Tonsil                  | —               | —   | —                 | —   | —                         | — | —            | —   |
| Respiratory System                       | 08              | 02  | —                 | —   | —                         | — | 08           | 02  |
| Productive Cough                         | — 5             | — 2 | — 5               | — 2 | —                         | — | — 5          | — 2 |
| Abnormal Breath Sound                    | —               | —   | —                 | —   | —                         | — | —            | —   |
| Cardio Vascular System                   | —               | —   | —                 | —   | —                         | — | —            | —   |
| Abnormal Heart Sounds                    | —               | —   | —                 | —   | —                         | — | —            | —   |
| Gastro-Intestinal System                 | —               | —   | —                 | —   | —                         | — | —            | —   |
| Palpable Liver                           | —               | —   | —                 | —   | —                         | — | —            | —   |
| Palpable Spleen                          | —               | —   | —                 | —   | —                         | — | —            | —   |
| Dental                                   | 01              | 01  | —                 | —   | —                         | — | 01           | 01  |
| Caries                                   | — 1             | — 1 | — 1               | — 1 | —                         | — | — 1          | — 1 |
| Bleeding & Spongy Gum                    | —               | —   | —                 | —   | —                         | — | —            | —   |
| Skin                                     | —               | —   | —                 | —   | —                         | — | —            | —   |
| Scabies                                  | —               | —   | —                 | —   | —                         | — | —            | —   |
| Rash                                     | —               | —   | —                 | —   | —                         | — | —            | —   |
| Eczema                                   | —               | —   | —                 | —   | —                         | — | —            | —   |
| Pyoderma                                 | —               | —   | —                 | —   | —                         | — | —            | —   |
| Psychological Disorder                   | 02              | 01  | —                 | 1   | —                         | — | —            | 1   |



School-wise Report on Health Check-Up of Students

Signature: V

Islampur

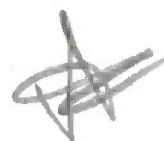
Municipality

Station Road F.B.S

Name of School

5/3/2010 - 6/3/2010

Period of Examination from..... to .....



| No. of Students |     |          |    | Status of Health |    |     |    |
|-----------------|-----|----------|----|------------------|----|-----|----|
| Enrolled        | 140 | Examined | 77 | Healthy          | 37 | Ill | 40 |
| M               | F   | M        | F  | M                | F  | M   | F  |
| 65              | 75  | 39       | 38 | 18               | 19 | 21  | 19 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                   |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|-------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                 | F  | M                   | F |
| 24                | 25 | -        | - | 26   | 26 | -               | - | -                    | - | 23                | 26 | 2                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | —               | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | 1               | — | 1                 | — | —                         | — | 1            | — |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | 5               | 2 | —                 | — | —                         | — | 5            | 2 |
| Productive Cough                         | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | 1               | 0 | —                 | — | —                         | — | 1            | 0 |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | 1               | 2 | —                 | — | —                         | — | 1            | 2 |
| Caries                                   | —               | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | 1               | 1 | —                 | — | —                         | — | —            | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | 2               | 0 | —                 | — | —                         | — | 2            | — |

Signature of H.O.

**Health Officer  
C.B.P.H.C.S.  
Islampur Municipality**

## School-wise Report on Health Check-Up of Students

Islampur

Municipality

Alzenagar Subharnagar F.P.S

Name of School

8/3/2010 - 9/3/2010

Period of Examination from..... to .....

| No. of Students |     |          |    | Status of Health |    |     |    |
|-----------------|-----|----------|----|------------------|----|-----|----|
| Enrolled        | 163 | Examined | 88 | Healthy          | 39 | Ill | 56 |
| M               | F   | M        | F  | M                | F  | M   | F  |
| 83              | 80  | 47       | 41 | 14               | 18 | 33  | 23 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 32                | 27 | —        | — | 34   | 27 | —               | — | —                    | — | 30                 | 23 | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 2               | 5 | —                 | 2 | —                         | 5 | 2            | 5 |
| Conjunctival discharge                   | —               | — | 1                 | — | 1                         | — | —            | 1 |
| Ear : Discharge                          | —               | — | 1                 | 1 | 1                         | 1 | —            | 1 |
| Impacted Wax                             | 1               | — | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Hearing Defect                           | 1               | — | 1                 | — | 1                         | — | 1            | — |
| Nose : Discharge                         | —               | — | 1                 | 1 | 1                         | 1 | 1            | — |
| Deviated Nasal Septum                    | 1               | — | 1                 | — | 1                         | — | 1            | — |
| Polyp                                    | —               | — | —                 | — | 1                         | — | 1            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | 1 | 1                         | — | 1            | — |
| Respiratory System                       | 6               | 3 | —                 | — | —                         | — | —            | — |
| Productive Cough                         | —               | 3 | 1                 | 6 | 1                         | 3 | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | 1                         | — | 1            | — |
| Cardio Vascular System                   | —               | — | —                 | 1 | 1                         | — | 1            | — |
| Abnormal Heart Sounds                    | —               | — | 1                 | — | 1                         | — | 1            | — |
| Gastro-Intestinal System                 | —               | — | —                 | — | 1                         | — | 1            | — |
| Palpable Liver                           | —               | — | 1                 | — | 1                         | — | 1            | — |
| Palpable Spleen                          | —               | — | 1                 | — | 1                         | — | 1            | — |
| Dental                                   | —               | — | —                 | — | 1                         | — | 1            | — |
| Caries                                   | 1               | — | 1                 | — | 1                         | — | 1            | — |
| Bleeding & Spongy Gum                    | —               | — | 1                 | — | 1                         | — | 1            | — |
| Skin                                     | —               | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | 1                         | — | 1            | — |
| Eczema                                   | —               | — | 1                 | — | 1                         | — | 1            | — |
| Pyoderma                                 | —               | — | 1                 | — | —                         | — | —            | — |
| Psychological Disorder                   | —               | — | 1                 | — | —                         | — | —            | — |

Signature: *[Signature]*  
 Health Officer  
 C.B.P.H.C.S.  
 Islampur Municipality



I. Stampur

Municipality

Thana Colling S.S.K

State of School

11/3/2010

Period of Examination from

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        | 84 | Examined | 48 | Healthy          | 13 | Ill | 35 |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 46              | 38 | 26       | 22 | 10               | 3  | 16  | 19 |

| Nature of Illness |    |          |   |      |    |                 |   |                     |   |                   |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|---------------------|---|-------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def Disorder |   | Vit. Def Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                   | F | M                 | F  | M                   | F |
| 12                | 13 | -        | - | 16   | 15 | -               | - | -                   | - | 14                | 13 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      | —               | —  | —                 | —  | —                         | — | —            | —  |
| Conjunctival discharge                   | —               | —  | —                 | —  | —                         | — | —            | —  |
| Ear : Discharge                          | —               | —  | —                 | —  | —                         | — | —            | —  |
| Impacted Wax                             | —               | —  | —                 | —  | —                         | — | —            | —  |
| Hearing Defect                           | —               | —  | —                 | —  | —                         | — | —            | —  |
| Nose : Discharge                         | —               | —  | —                 | —  | —                         | — | —            | —  |
| Deviated Nasal Septum                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Polyp                                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Throat: Enlarged Tonsil                  | —               | —  | —                 | —  | —                         | — | —            | —  |
| Respiratory System                       | 2               | —  | —                 | —  | —                         | — | 2            | —  |
| Productive Cough                         | —2              | —  | —2                | —  | —                         | — | —2           | —  |
| Abnormal Breath Sound                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Cardio Vascular System                   | —               | —  | —                 | —  | —                         | — | —            | —  |
| Abnormal Heart Sounds                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Gastro-Intestinal System                 | —               | —  | —                 | —  | —                         | — | —            | —  |
| Palpable Liver                           | —               | —  | —                 | —  | —                         | — | —            | —  |
| Palpable Spleen                          | —               | —  | —                 | —  | —                         | — | —            | —  |
| Dental                                   | 3               | —  | —                 | —  | —                         | — | 3            | —  |
| Caries                                   | —3              | —  | —3                | —  | —                         | — | —3           | —  |
| Bleeding & Spongy Gum                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Skin                                     | 4               | 2  | —                 | —  | —                         | — | 4            | 2  |
| Scabies                                  | —1              | —2 | —1                | —2 | —                         | — | —1           | —2 |
| Rash                                     | —               | —  | —                 | —  | —                         | — | —            | —  |
| Eczema                                   | —               | —  | —                 | —  | —                         | — | —            | —  |
| Pyoderma                                 | —               | —  | —                 | —  | —                         | — | —            | —  |
| Psychological Disorder                   | —               | —  | —                 | —  | —                         | — | —            | —  |

Signature of Health Officer  
C.B.P.H.C.S.  
Islampur Municipality

Islampur Municipality

Ramakrishna Jyoti F.P.S

Period of examination from 12/3/10 - 16/3/10

| No. of Students |     |          |    | Status of Health |    |     |    |
|-----------------|-----|----------|----|------------------|----|-----|----|
| Enrolled        | 186 | Examined | 75 | Healthy          | 21 | Ill | 54 |
| M               | F   | M        | F  | M                | F  | M   | F  |
| 90              | 96  | 39       | 36 | 15               | 6  | 24  | 30 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                   |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|-------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                 | F  | M                   | F |
| 25                | 22 | —        | — | 30   | 25 | —               | — | —                    | — | 30                | 25 | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 3               | 1 | 3                 | 1 | —                         | — | 3            | 1 |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | —               | 1 | —                 | 1 | —                         | — | —            | 1 |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | 4               | 4 | —                 | — | —                         | — | 4            | 1 |
| Productive Cough                         | 4               | 1 | 4                 | 1 | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   | 4               | — | —                 | — | —                         | — | 4            | — |
| Caries                                   | —               | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     | —               | 4 | —                 | — | —                         | — | —            | 4 |
| Scabies                                  | —               | — | —                 | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | —               | — | —                 | — | —                         | — | —            | — |

Note: HB-E-Beta Thalassemia (One female case)

Signature of Officer  
Health Officer  
C.B.P.H.C. SAHO  
Islampur Municipality



Islampur

School was inspected on Health 16

Khandi Municipality S.S.P.

Month/Year

12/3/10

Period of Examination from

*[Handwritten signature]*

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        | 89 | Examined | 55 | Healthy          | 29 | Ill | 26 |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 54              | 38 | 29       | 26 | 19               | 10 | 10  | 16 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                  |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit Def Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                | F  | M                   | F |
| 21                | 18 | —        | — | 22   | 20 | —               | — | —                    | — | 22               | 20 | —                   | 1 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|-------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |             |   |
|                                          | M               | F | M                 | F | M                         | F | M           | F |
| Eye : Visual Defect                      | —               | 1 | —                 | 1 | —                         | — | —           | 1 |
| Conjunctival discharge                   | —               | — | —                 | — | —                         | — | —           | — |
| Ear : Discharge                          | —               | — | —                 | — | —                         | — | —           | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —           | — |
| Hearing Defect                           | 2               | 1 | 2                 | 1 | —                         | — | 2           | 1 |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —           | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —           | — |
| Polyp                                    | —               | — | —                 | — | —                         | — | —           | — |
| Throat: Enlarged Tonsil                  | —               | — | —                 | — | —                         | — | —           | — |
| Respiratory System                       | 2               | 2 | —                 | — | —                         | — | 2           | 3 |
| Productive Cough                         | —               | 3 | —                 | 3 | —                         | — | —           | 3 |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —           | — |
| Cardio Vascular System                   | —               | — | —                 | — | —                         | — | —           | — |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —           | — |
| Gastro-Intestinal System                 | —               | — | —                 | — | —                         | — | —           | — |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —           | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —           | — |
| Dental                                   | —               | — | —                 | — | —                         | — | —           | — |
| Caries                                   | —               | — | —                 | — | —                         | — | —           | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —           | — |
| Skin                                     | —               | — | —                 | — | —                         | — | —           | — |
| Scabies                                  | —               | — | —                 | — | —                         | — | —           | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —           | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —           | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —           | — |
| Psychological Disorder                   | —               | 1 | —                 | — | 1                         | — | —           | 1 |

*[Handwritten signature]*

Signature of HO/AHO  
Health Officer  
C.B.P.H.C.S.  
Islampur Municipality

## School- wise Report on Health Check-Up of Students

Islampur

Municipality

Chhota S.S.P

Name of School

Period of Examination from 12/2/2010 to 16/3/10

| No. of Students |     |          |    | Status of Health |    |     |    |
|-----------------|-----|----------|----|------------------|----|-----|----|
| Enrolled        | 146 | Examined | 76 | Healthy          | 29 | Ill | 47 |
| M               | F   | M        | F  | M                | F  | M   | F  |
| 53              | 63  | 32       | 44 | 15               | 14 | 17  | 30 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 24                | 32 | —        | — | 28   | 36 | —               | — | —                    | — | 24                 | 30 | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |     |                   |     | Lab Investigation Advised |   | No. Referred |     |
|------------------------------------------|-----------------|-----|-------------------|-----|---------------------------|---|--------------|-----|
|                                          | Affected        |     | Treated at School |     |                           |   |              |     |
|                                          | M               | F   | M                 | F   | M                         | F | M            | F   |
| Eye : Visual Defect                      | —               | 1   | —                 | 1   | —                         | — | —            | 1   |
| Conjunctival discharge                   | —               | —   | —                 | —   | —                         | — | —            | —   |
| Ear : Discharge                          | —               | —   | —                 | —   | —                         | — | —            | —   |
| Impacted Wax                             | —               | —   | —                 | —   | —                         | — | —            | —   |
| Hearing Defect                           | 1               | 1   | —                 | 1   | —                         | — | 1            | 1   |
| Nose : Discharge                         | —               | —   | —                 | —   | —                         | — | —            | —   |
| Deviated Nasal Septum                    | —               | —   | —                 | —   | —                         | — | —            | —   |
| Polyp                                    | —               | —   | —                 | —   | —                         | — | —            | —   |
| Throat: Enlarged Tonsil                  | —               | —   | —                 | —   | —                         | — | —            | —   |
| Respiratory System                       | 5               | 5   | —                 | —   | —                         | — | 5            | 5   |
| Productive Cough                         | — 5             | — 5 | — 5               | — 5 | —                         | — | — 5          | — 5 |
| Abnormal Breath Sound                    | —               | —   | —                 | —   | —                         | — | —            | —   |
| Cardio Vascular System                   | —               | —   | —                 | —   | —                         | — | —            | —   |
| Abnormal Heart Sounds                    | —               | —   | —                 | —   | —                         | — | —            | —   |
| Gastro-Intestinal System                 | —               | —   | —                 | —   | —                         | — | —            | —   |
| Palpable Liver                           | —               | — 2 | —                 | — 2 | —                         | — | —            | — 2 |
| Palpable Spleen                          | —               | —   | —                 | —   | —                         | — | —            | —   |
| Dental                                   | —               | —   | —                 | —   | —                         | — | —            | —   |
| Caries                                   | — 1             | —   | — 1               | —   | —                         | — | — 1          | —   |
| Bleeding & Spongy Gum                    | —               | —   | —                 | —   | —                         | — | —            | —   |
| Skin                                     | —               | —   | —                 | —   | —                         | — | —            | —   |
| Scabies                                  | — 1             | —   | — 1               | —   | —                         | — | — 1          | —   |
| Rash                                     | —               | —   | —                 | —   | —                         | — | —            | —   |
| Eczema                                   | —               | —   | —                 | —   | —                         | — | —            | —   |
| Pyoderma                                 | —               | —   | —                 | —   | —                         | — | —            | —   |
| Psychological Disorder                   | —               | —   | —                 | —   | —                         | — | —            | —   |



Islampur

Municipality

Mahatma Jyoti S.S.H.

Period of Examination from 18/2/2010 to 20/2/2010

*(Signature)*

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 90              | 95 | 61       | 45 | 48               | 10 | 13  | 35 |

| Nature of Illness |    |          |   |      |    |                 |   |                     |   |                   |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|---------------------|---|-------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def Disorder |   | Vit. Def Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                   | F | M                 | F  | M                   | F |
| 40                | 35 | —        | — | 45   | 38 | —               | — | —                   | — | 40                | 38 | 1                   | 1 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Ear : Discharge                          | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Impacted Wax                             | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Hearing Defect                           | 2               | 1 | 2                 | 1 | 1                         | 1 | 2            | 1 |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Deviated Nasal Septum                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Polyp                                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Throat: Enlarged Tonsil                  | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Respiratory System                       | 3               | 2 | 1                 | 1 | 1                         | 1 | 3            | 2 |
| Productive Cough                         | 3               | 2 | 1                 | 1 | 1                         | 1 | 3            | 2 |
| Abnormal Breath Sound                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Cardio Vascular System                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Abnormal Heart Sounds                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Gastro-Intestinal System                 | 2               | 2 | 1                 | 1 | 1                         | 1 | 2            | 2 |
| Palpable Liver                           | 2               | 2 | 2                 | 2 | 1                         | 1 | 2            | 2 |
| Palpable Spleen                          | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Dental                                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Caries                                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Bleeding & Spongy Gum                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Skin                                     | 2               | 2 | 1                 | 1 | 1                         | 1 | 2            | 2 |
| Scabies                                  | 3               | 2 | 3                 | 2 | 1                         | 1 | 3            | 2 |
| Rash                                     | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Eczema                                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Pyoderma                                 | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Psychological Disorder                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |

Signature of H.O. / A.O.  
C.B.R. Islampur Municipality

School-wise Report on Health Check-up of Students

1-12-2012

Municipality

Kalyanpally  
Name of School

13/5/2013

Period of Examination from 13/5/2013 to 16/5/2013

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 17              | 27 | 17       | 24 | 5                | 8 | 12  | 16 |

| Nature of Illness |    |          |   |      |    |                 |   |                     |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|---------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                   | F | M                  | F  | M                   | F |
| 10                | 12 | —        | — | 11   | 15 | —               | — | —                   | — | 12                 | 15 | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Ear : Discharge                          | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Impacted Wax                             | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Hearing Defect                           | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Deviated Nasal Septum                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Polyp                                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Throat: Enlarged Tonsil                  | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Respiratory System                       | 2               | 2 | 1                 | 1 | 1                         | 1 | 2            | 2 |
| Productive Cough                         | 2               | 2 | 2                 | 2 | 1                         | 1 | 2            | 2 |
| Abnormal Breath Sound                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Cardio Vascular System                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Abnormal Heart Sounds                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Gastro-Intestinal System                 | 4               | 4 | 1                 | 1 | 1                         | 1 | 4            | 4 |
| Palpable Liver                           | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Palpable Spleen                          | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Dental                                   | 2               | 4 | 1                 | 1 | 1                         | 1 | 2            | 4 |
| Caries                                   | 2               | 1 | 2                 | 1 | 1                         | 1 | 2            | 1 |
| Bleeding & Spongy Gum                    | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Skin                                     | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Scabies                                  | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Rash                                     | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Eczema                                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Pyoderma                                 | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |
| Psychological Disorder                   | 1               | 1 | 1                 | 1 | 1                         | 1 | 1            | 1 |



**OFFICE OF THE MUNICIPAL COUNCILLORS OF BASIRHAT**

North 24 Parganas

From:

*Sri Narayan Mukherjee*  
Chairman, Basirhat Municipality

Ref. No. 1927

Dated: 12/02/2010



Atten: Dr. S. Goswami

To  
The Project Director,  
CMU, KUSP,  
ILGUS Bhavan, H-C Block,  
Sector - III, Salt Lake  
Kolkata - 700106

*Anirban,*  
*23.02.10*  
*Sri Narayan*

**Sub: School Health Programme under Health Component of KUSP at Basirhat Municipality**

Sir,

This is my pleasure to inform you that we have started School Health Check-up programme in Primary Schools under jurisdiction of our ULB from 11/02/2010. We have already taken necessary initiative and informed all School to fixed Check-up date so that we can complete the programme as early as possible.

Also enclosing herein the report of first School Health Camp held on 11/02/2010 at Khordabelia K.B.U.P. School. and Basirhat Bazar primary School.

Thanking You

Yours faithfully

*[Signature]*  
**Shri Narayan Mukherjee**  
Chairman  
Basirhat Municipality

**Chairman,**  
**BASIRHAT MUNICIPALITY**

**School - wise Report on Health Check-Up of Students****Basirhat****Municipality**Name of School : **KHORDABELIA K.B.U.P. SCHOOL**Period of Examination from **11.02.2010** to

| No. of Students |    |          |   | Status of Health |   |     |   |
|-----------------|----|----------|---|------------------|---|-----|---|
| Enrolled        |    | Examined |   | Healthy          |   | Ill |   |
| M               | F  | M        | F | M                | F | M   | F |
| 24              | 13 | 8        | 3 | 2                | 0 | 6   | 3 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
|                   |   |          |   |      |   |                 |   |                      |   |                    | 1 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|-------------|---|
|                                          | Affected        |   | Treated at School |   | M                         | F | M           | F |
|                                          | M               | F | M                 | F |                           |   |             |   |
| <b>Eye : Visual Defect</b>               |                 |   |                   |   |                           |   |             |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |             |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |             |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |             |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |             |   |
| <b>Nose : Discharge</b>                  | 1               |   | 1                 |   |                           |   |             |   |
| Deviated Nasal Septum                    | 1               |   | 1                 |   |                           |   |             |   |
| Polyp                                    |                 |   |                   |   |                           |   |             |   |
| <b>Throat : Enlarged Tonsil</b>          | 2               | 1 | 1                 | 1 | 1                         |   |             |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |             |   |
| Productive Cough                         | 1               |   | 1                 |   |                           |   |             |   |
| Abnormal Breath Sound                    | 1               |   | 1                 |   |                           |   |             |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |             |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |             |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |             |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |             |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |             |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |             |   |
| Caries                                   | 2               | 3 | 2                 | 3 |                           |   |             |   |
| Bleeding & Spongy Gum                    |                 | 1 | 0                 | 1 |                           |   |             |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |             |   |
| Scabies                                  |                 |   |                   |   |                           |   |             |   |
| Rash                                     |                 |   |                   |   |                           |   |             |   |
| Eczema                                   |                 |   |                   |   |                           |   |             |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |             |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |             |   |

Signature of Chairman / H.O. / M.O.

**Chairman,**  
**BASIRHAT MUNICIPALITY**



**School - wise Report on Health Check-Up of Students****Basirhat**

Municipality

Name of School : BASIRHAT BAZAR PRY. SCHOOL

Period of Examination from 11.02.2010 to

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | III |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 39              | 33 | 34       | 32 | 11               | 12 | 23  | 20 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
|                   |   |          |   | 11   | 4 |                 |   |                      |   |                    | 1 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |   | Lab Investigation Advised |   | No Referred |   |
|------------------------------------------|-----------------|----|-------------------|---|---------------------------|---|-------------|---|
|                                          | Affected        |    | Treated at School |   |                           |   |             |   |
|                                          | M               | F  | M                 | F | M                         | F | M           | F |
| <b>Eye : Visual Defect</b>               | 1               |    |                   |   |                           |   |             |   |
| Conjunctival discharge                   | 1               |    |                   |   |                           |   |             |   |
| <b>Ear : Discharge</b>                   |                 |    |                   |   |                           |   |             |   |
| Impacted Wax                             |                 |    |                   |   |                           |   |             |   |
| Hearing Defect                           |                 |    |                   |   |                           |   |             |   |
| <b>Nose : Discharge</b>                  | 1               | 4  |                   |   |                           |   |             |   |
| Deviated Nasal Septum                    | 13              | 8  |                   |   |                           |   |             |   |
| Polyp                                    |                 |    |                   |   |                           |   |             |   |
| <b>Throat : Enlarged Tonsil</b>          | 13              | 13 |                   |   |                           |   |             |   |
| <b>Respiratory System</b>                |                 |    |                   |   |                           |   |             |   |
| Productive Cough                         | 6               | 4  |                   |   |                           |   |             |   |
| Abnormal Breath Sound                    | 1               | 2  |                   |   |                           |   |             |   |
| <b>Cardio Vascular System</b>            |                 |    |                   |   |                           |   |             |   |
| Abnormal Heart Sounds                    |                 |    |                   |   |                           |   |             |   |
| <b>Gastro-Intestinal System</b>          |                 |    |                   |   |                           |   |             |   |
| Palpable Liver                           |                 |    |                   |   |                           |   |             |   |
| Palpable Spleen                          |                 |    |                   |   |                           |   |             |   |
| <b>Dental</b>                            |                 |    |                   |   |                           |   |             |   |
| Caries                                   | 6               | 6  |                   |   |                           |   |             |   |
| Bleeding & Spongy Gum                    |                 |    |                   |   |                           |   |             |   |
| <b>Skin</b>                              |                 |    |                   |   |                           |   |             |   |
| Scabies                                  |                 |    |                   |   |                           |   |             |   |
| Rash                                     |                 |    |                   |   |                           |   |             |   |
| Eczema                                   |                 |    |                   |   |                           |   |             |   |
| Pyoderma                                 |                 |    |                   |   |                           |   |             |   |
| <b>Psychological Disorder</b>            |                 |    |                   |   |                           |   |             |   |

Signature of Chairman / H.O. / M.O.

Chairman,  
BASIRHAT MUNICIPALITY

# School-wise Report on Health Check-up of TAKI MUNICIPALITY

Sri Lakshmi  
M. G. P.

*Compilation Report of all Primary, SSK & Non Formal Schools under Taki Municipal Area  
(35 Nos.)*

**For the Financial Year - 2009-10**

| No. of Students |      |          |      | Status of Health |      |     |     |
|-----------------|------|----------|------|------------------|------|-----|-----|
| Enrolled        |      | Examined |      | Healthy          |      | Ill |     |
| M               | F    | M        | F    | M                | F    | M   | F   |
| 1677            | 1745 | 1528     | 1700 | 1012             | 1411 | 516 | 289 |

| Nature of Illness |     |          |   |                 |   |      |    |                      |   |                    |    |                     |   |
|-------------------|-----|----------|---|-----------------|---|------|----|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |     | Jaundice |   | Night Blindness |   | Worm |    | Iodine def. disorder |   | Vit. Def. disorder |    | Physical disability |   |
| M                 | F   | M        | F | M               | F | M    | F  | M                    | F | M                  | F  | M                   | F |
| 120               | 184 | 4        | 1 | 0               | 1 | 106  | 67 | 0                    | 0 | 128                | 98 | 1                   | 4 |

| Salient Findings of Systemic Examination | No. of Students |                   |    |    | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|----|----|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |    |    |                            |   |              |   |
|                                          | M               | F                 | M  | F  | M                          | F | M            | F |
| Eye: Visual Defect                       | 8               | 4                 | 8  | 4  |                            |   | 0            | 2 |
| Conjunctiva discharge                    | 6               | 3                 | 6  | 3  |                            |   | 0            | 2 |
| Ear: Discharge                           | 4               | 1                 | 4  | 1  |                            |   |              |   |
| Impacted Wax                             | 3               | 1                 | 3  | 1  |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0  | 0  |                            |   |              |   |
| Nose: Discharge                          | 7               | 2                 | 7  | 2  |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0  | 0  |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0  | 0  |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 46              | 27                | 46 | 27 |                            |   |              |   |
| Respiratory System                       |                 |                   |    |    |                            |   |              |   |
| Productive Cough                         | 58              | 45                | 58 | 45 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0  | 0  |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |    |    |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0  | 0  |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |    |    |                            |   |              |   |
| Palpable Liver                           | 4               | 1                 | 4  | 1  | 4                          | 1 |              |   |
| Palpable Spleen                          |                 |                   |    |    |                            |   |              |   |
| Dental                                   |                 |                   |    |    |                            |   |              |   |
| Caries                                   | 69              | 65                | 69 | 65 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 3               | 6                 | 3  | 6  |                            |   |              |   |
| Skin                                     |                 |                   |    |    |                            |   |              |   |
| Scabies                                  | 15              | 19                | 15 | 19 |                            |   |              |   |
| Rash                                     | 0               | 1                 | 0  | 1  |                            |   |              |   |
| Eczema                                   | 8               | 9                 | 8  | 9  |                            |   |              |   |
| Pyoderma                                 | 26              | 13                | 26 | 13 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0  | 0  |                            |   |              |   |



# SCHOOL HEALTH PROGRAMME - 2009-10 (Medicine List)

## TAKI MUNICIPALITY

| Medicine Stock                         | Analgesic | Albendazole | Mult. Vitamin | IFA  | B.B. Lotion | Gention V. Lot. | Co-trimox. | O.R.S. | Metronidazole | Cough Tab. | Eye Appl. | Antacid Tab. | Anti Fungal | Camp Held |
|----------------------------------------|-----------|-------------|---------------|------|-------------|-----------------|------------|--------|---------------|------------|-----------|--------------|-------------|-----------|
|                                        | 7779      | 2262        | 11306         | 9538 | 104         | 829             | 10182      | 600    | 9235          | 1844       | 558       | 7482         | 83          |           |
| Name of Schools                        |           |             |               |      |             |                 |            |        |               |            |           |              |             |           |
| MEDICINE USED                          |           |             |               |      |             |                 |            |        |               |            |           |              |             |           |
| Subhasnagar F.P. School                | 0         | 7           | 60            | 120  | 0           | 0               | 10         | 0      | 0             | 0          | 0         | 0            | 0           | 1         |
| SSK-8                                  | 0         | 4           | 100           | 150  | 4           | 0               | 45         | 2      | 26            | 21         | 0         | 90           | 1           | 2         |
| Thuba Prantik F.P. School              | 2         | 6           | 90            | 100  | 1           | 0               | 47         | 0      | 0             | 13         | 0         | 5            | 0           | 2.5       |
| Basanti Devi School F.P. School        | 0         | 2           | 100           | 126  | 1           | 0               | 10         | 0      | 0             | 0          | 0         | 0            | 0           | 1.5       |
| SSK-12                                 | 14        | 4           | 100           | 120  | 2           | 2               | 100        | 12     | 10            | 62         | 0         | 160          | 0           | 2.5       |
| Rajipur Adarsha F.P. School            | 0         | 23          | 240           | 260  | 2           | 0               | 116        | 2      | 27            | 18         | 0         | 0            | 0           | 3         |
| SSK-5                                  | 0         | 7           | 100           | 70   | 0           | 2               | 36         | 0      | 0             | 30         | 0         | 0            | 0           | 2         |
| SSK-6                                  | 12        | 4           | 0             | 60   | 2           | 2               | 85         | 2      | 18            | 40         | 0         | 0            | 0           | 2         |
| SSK-9                                  | 0         | 2           | 100           | 40   | 0           | 0               | 17         | 0      | 10            | 10         | 0         | 0            | 0           | 2         |
| Taki Poura Shramik School              | 0         | 7           | 40            | 50   | 0           | 0               | 0          | 30     | 0             | 12         | 0         | 0            | 0           | 1         |
| Binode Colony G.S.F.P. School          | 3         | 15          | 60            | 110  | 0           | 0               | 82         | 0      | 0             | 9          | 0         | 18           | 0           | 3         |
| Rajipur F.P. School                    | 2         | 6           | 60            | 40   | 0           | 0               | 34         | 0      | 0             | 3          | 4         | 5            | 0           | 2         |
| SSK-16                                 | 0         | 5           | 90            | 130  | 2           | 0               | 20         | 0      | 0             | 0          | 0         | 110          | 0           | 2.5       |
| Laskamagar G.S.F.P.                    | 4         | 2           | 110           | 100  | 1           | 0               | 45         | 0      | 0             | 30         | 0         | 0            | 0           | 2         |
| Jugia Gandhi F.P. School               | 0         | 16          | 150           | 220  | 2           | 0               | 63         | 2      | 14            | 10         | 0         | 10           | 0           | 2         |
| Balaram Dalal F.P. School              | 0         | 15          | 260           | 270  | 1           | 0               | 210        | 2      | 34            | 55         | 10        | 50           | 2           | 4         |
| Town Hasnabad G.S.F.P.(15)             | 20        | 6           | 560           | 820  | 2           | 2               | 150        | 6      | 6             | 25         | 26        | 30           | 1           | 6         |
| Bipin Behari F.P.                      | 0         | 5           | 80            | 0    | 0           | 0               | 10         | 0      | 0             | 0          | 10        | 0            | 0           | 1         |
| Sukhdev Shiromoni F.P. School          | 0         | 2           | 10            | 60   | 0           | 0               | 70         | 0      | 0             | 11         | 10        | 16           | 1           | 1         |
| Bhabanath F.P. School                  | 31        | 3           | 60            | 110  | 1           | 0               | 70         | 0      | 0             | 11         | 10        | 16           | 1           | 2         |
| Taki Girls' F.P. School                | 8         | 1           | 60            | 580  | 2           | 2               | 110        | 10     | 0             | 40         | 0         | 50           | 2           | 3         |
| Uttarpalli F.P. School                 | 2         | 7           | 180           | 670  | 0           | 2               | 50         | 0      | 10            | 40         | 3         | 30           | 0           | 2         |
| SSK-1                                  | 0         | 5           | 150           | 230  | 1           | 6               | 70         | 24     | 52            | 20         | 10        | 30           | 1           | 1         |
| Lokedeep                               | 2         | 19          | 60            | 140  | 1           | 2               | 76         | 9      | 40            | 30         | 0         | 60           | 4           | 1         |
| Saidpur RNUP School                    | 0         | 0           | 60            | 80   | 0           | 0               | 10         | 0      | 50            | 0          | 0         | 50           | 0           | 1         |
| Jalalpur F.P. School                   | 0         | 1           | 30            | 10   | 0           | 0               | 10         | 0      | 0             | 0          | 0         | 0            | 0           | 1         |
| Jalalpur R.K. Mission                  | 0         | 0           | 80            | 150  | 1           | 0               | 10         | 0      | 0             | 0          | 10        | 0            | 0           | 1         |
| Beonkati F.P. School                   | 0         | 0           | 100           | 0    | 0           | 0               | 20         | 2      | 0             | 0          | 0         | 30           | 0           | 1         |
| Pir Abdur Rahaman F.P. School          | 4         | 0           | 60            | 10   | 0           | 0               | 60         | 0      | 0             | 25         | 0         | 0            | 0           | 2         |
| SSK-10                                 | 27        | 3           | 90            | 300  | 0           | 4               | 116        | 3      | 6             | 26         | 20        | 10           | 0           | 2         |
| Town Hasnabad F.P. School              | 8         | 1           | 120           | 50   | 0           | 0               | 72         | 3      | 10            | 8          | 0         | 16           | 0           | 2         |
| Taki R.K. Mission Primary School(Boys) | 4         | 5           | 170           | 50   | 0           | 0               | 80         | 0      | 3             | 56         | 0         | 16           | 0           | 4         |
| SSK-14                                 | 0         | 6           | 100           | 100  | 2           | 0               | 17         | 3      | 0             | 0          | 0         | 0            | 0           | 2         |
| Taki R.K. Mission Girls' (Primary)     | 0         | 3           | 210           | 100  | 4           | 2               | 96         | 2      | 0             | 25         | 0         | 0            | 0           | 4         |
| FIRST AID BOX (Replacement)            | 340       | 0           | 0             | 0    | 0           | 0               | 0          | 340    | 0             | 0          | 119       | 680          | 0           | 72        |
| TOTAL MEDICINE USED                    | 483       | 192         | 3840          | 5426 | 32          | 26              | 2017       | 454    | 316           | 630        | 238       | 1482         | 20          |           |
| Quantity in Stock                      | 7296      | 2070        | 7466          | 4112 | 72          | 803             | 8165       | 146    | 8919          | 1214       | 620       | 6000         | 63          |           |

\*\* Taki Govt. School refused to organise School Health Camp without assigning any cause although they have participated in the training programme.

Office of the Councillors  
**MATHABHANGA MUNICIPALITY**  
P.O. Mathabhanga, Dist. Coochbehar.

Memo. No. MM/HHW/School Health Report/ Date. 12.05.10  
131/2010.

From: The Chairman  
Mathabhanga Municipality

To: Dr. Kallol Kr. Mukharjee,  
Project Manager,  
ILLGUS Bhavan, H.C. Block. Sec-3  
Bidhan Nagar, Kolkata-06

Sub: Submission of School-wise Report on Health Check-up of Students.

With reference to above, the undersigned is to submit herewith the School-wise Report on Health Check-up of students under Mathabhanga Municipality for further necessary action from his end..

Encls: As stated above

*Cen Cox*  
Chairman *12/5/10*  
Mathabhanga Municipality



*Health Encl.*  
*Sri Lohani*



## School- wise Report on Health Check-Up of Students

Mathabhanga Municipality

Name of School: Sishu Shiksha Kendra  
pry school 317.

Period of Examination from 24-02-10 to .....

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 42              | 29 | 22       | 22 | 0                | 4 | 22  | 18 |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 0                 | 2 |          |   | 11   | 10 |                 |   |                      |   | 6                  | 1 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 1  | 1                 | 1  |                           |   | 13           | 1 |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          | 0               | 2  | 0                 | 2  |                           |   |              | 0 |
| Impacted Wax                             |                 |    |                   |    |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |   |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |   |
| Polyp                                    |                 |    |                   |    |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |   |
| Respiratory System                       | 8               | 1  | 0                 | 1  |                           |   |              |   |
| Productive Cough                         | -               | 1  | -                 | 1  |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |   |
| Gastro-Intestinal System                 | 6               | 1  | 6                 | 1  |                           |   |              |   |
| Palpable Liver                           | 6               | 1  | 6                 | 1  |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| Dental                                   |                 |    |                   |    |                           |   | 1            | 0 |
| Caries                                   | 15              | 12 | 15                | 12 |                           |   | 1            | 3 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |   |
| Skin                                     |                 |    |                   |    |                           |   |              |   |
| Scabies                                  |                 |    |                   |    |                           |   |              |   |
| Rash                                     | 2               | 0  | 2                 | 0  |                           |   | 2            | 0 |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |   |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |   |

Paediatrics -

0 1



# School- wise Report on Health Check-Up of Students

Annexure - V

Mathabhanga Municipality

Name of School *Shishu Shiksha*  
*Kendra Pray. School.*  
*N/No-(B-129)*

Period of Examination from *24-02-10* to .....

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 45              | 47 | 26       | 29 | 0                | 0 | 26  | 29 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 11                | 12 |          |   | 15   | 20 |                 | 1 |                      |   | 4                  | 2 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 1  | 0                 | 1  |                           |   | 0            | 1 |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |   |
| Impacted Wax                             |                 |    |                   |    |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |   |
| Deviated Nasal Septum                    | 0               | 2  | 0                 | 2  |                           |   |              |   |
| Polyp                                    |                 |    |                   |    |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |   |
| Respiratory System                       |                 |    |                   |    |                           |   |              |   |
| Productive Cough                         |                 |    |                   |    |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |   |
| Gastro-Intestinal System                 | 1               | 2  | 1                 | 2  |                           |   |              |   |
| Palpable Liver                           | 1               | 2  | 1                 | 2  |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| Dental                                   | 0               | 2  | 0                 | 2  |                           |   | 0            | 2 |
| Caries                                   | 23              | 26 | 23                | 26 |                           |   | 6            | 2 |
| Bleeding & Spongy Gum                    | 0               | 2  | 0                 | 2  |                           |   |              |   |
| Skin                                     |                 |    |                   |    |                           |   |              |   |
| Scabies                                  | 1               | 4  | 1                 | 4  |                           |   |              |   |
| Rash                                     | 0               | 1  | 0                 | 1  |                           |   |              |   |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |   |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |   |

Signature of HO/AHO

*ABDL*  
10/5/10

Health Officer  
C.B.P.H.C.S.

Mathabhanga Municipality





## School- wise Report on Health Check-Up of Students

Matlabhanga Municipality

Name of School Ramkrishna  
Vivekananda R.R. Pay. School.

Period of Examination from 22-02-10 to .....

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 43              | 50 | 31       | 40 | 1                | 3 | 30  | 37 |

| Nature of Illness |    |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 29                | 32 |          |   | 5    | 9 | 1               | 1 |                      |   | 2                  | 3 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 0  | 1                 | 0  |                           |   | 1            | 0 |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |   |
| Impacted Wax                             |                 |    |                   |    |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |   |
| Deviated Nasal Septum                    | 0               | 1  | 0                 | 1  |                           |   |              |   |
| Polyp                                    |                 |    |                   |    |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |   |
| Respiratory System                       |                 |    |                   |    |                           |   |              |   |
| Productive Cough                         |                 |    |                   |    |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |   |
| Gastro-Intestinal System                 | 7               | 11 | 7                 | 11 |                           |   |              |   |
| Palpable Liver                           | 7               | 11 | 7                 | 11 |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| Dental                                   |                 |    |                   |    |                           |   |              |   |
| Caries                                   | 10              | 8  | 10                | 8  |                           |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 1  | 0                 | 1  |                           |   |              |   |
| Skin                                     |                 |    |                   |    |                           |   |              |   |
| Scabies                                  |                 |    |                   |    |                           |   |              |   |
| Rash                                     |                 |    |                   |    |                           |   |              |   |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |   |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |   |

Signature of HO/AHO

Health Officer  
C.B.P.H.C.S.  
Matlabhanga Municipality

## School- wise Report on Health Check-Up of Students

Mathabhanga Municipality

Name of School. Harijan Bastee R.R.  
pry. school.

Period of Examination from 22-02-10 to .....

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 25              | 28 | 16       | 25 | 0                | 2 | 16  | 23 |

| Nature of Illness |    |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 12                | 23 |          |   | 7    | 6 | 1               | 1 |                      |   | 1                  | 0 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 2               | 5 | 2                 | 5 |                           |   | 2            | 5 |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    | 0               | 2 | 0                 | 2 |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  | 0               | 1 | 0                 | 1 |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    | 0               | 1 | 0                 | 1 |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | 1               | 0 | 1                 | 0 |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   | 10              | 7 | 10                | 7 |                           |   | 10           | 7 |
| Caries                                   | 10              | 7 | 10                | 7 |                           |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 1 | 0                 | 1 |                           |   | 0            | 1 |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | 0 | 1                 | 0 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |



# School- wise Report on Health Check-Up of Students

Annexure - V

Mathabhang Municipality

Name of School Mathabhang A.P. Prg. School.

Period of Examination from 36-02-10 to .....

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 36              | 37 | 34       | 36 | 5                | 7 | 29  | 29 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |    |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F  | M                   | F |
| 9                 | 9 |          |   | 11   | 8 | 0               | 2 |                      |   | 9                  | 10 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |               |                   |               | Lab Investigation Advised |   | No. Referred |              |
|------------------------------------------|-----------------|---------------|-------------------|---------------|---------------------------|---|--------------|--------------|
|                                          | Affected        |               | Treated at School |               |                           |   |              |              |
|                                          | M               | F             | M                 | F             | M                         | F | M            | F            |
| Eye : Visual Defect                      |                 |               |                   |               |                           |   | 0            | 2            |
| Conjunctival discharge                   |                 |               |                   |               |                           |   |              |              |
| Ear : Discharge                          |                 |               |                   |               |                           |   |              |              |
| Impacted Wax                             |                 |               |                   |               |                           |   |              |              |
| Hearing Defect                           |                 |               |                   |               |                           |   |              |              |
| Nose : Discharge                         |                 |               |                   |               |                           |   |              |              |
| Deviated Nasal Septum                    |                 |               |                   |               |                           |   |              |              |
| Polyp                                    |                 |               |                   |               |                           |   |              |              |
| Throat: Enlarged Tonsil                  |                 |               |                   |               |                           |   |              |              |
| Respiratory System                       | 1               | 0             | 1                 | 0             |                           |   |              |              |
| Productive Cough                         |                 |               |                   |               |                           |   |              |              |
| Abnormal Breath Sound                    |                 |               |                   |               |                           |   |              |              |
| Cardio Vascular System                   |                 |               |                   |               |                           |   |              |              |
| Abnormal Heart Sounds                    |                 |               |                   |               |                           |   |              |              |
| Gastro-Intestinal System                 | <del>9</del>    | <del>12</del> | <del>9</del>      | <del>12</del> |                           |   |              |              |
| Palpable Liver                           | 9               | 12            | 9                 | 12            |                           |   |              |              |
| Palpable Spleen                          |                 |               |                   |               |                           |   |              |              |
| Dental                                   | <del>20</del>   | <del>22</del> | <del>20</del>     | <del>22</del> |                           |   | <del>2</del> | <del>1</del> |
| Caries                                   | 20              | 22            | 20                | 22            |                           |   | 2            | 1            |
| Bleeding & Spongy Gum                    |                 |               |                   |               |                           |   |              |              |
| Skin                                     |                 |               |                   |               |                           |   |              |              |
| Scabies                                  |                 |               |                   |               |                           |   |              |              |
| Rash                                     |                 |               |                   |               |                           |   |              |              |
| Eczema                                   |                 |               |                   |               |                           |   |              |              |
| Pyoderma                                 |                 |               |                   |               |                           |   |              |              |
| Psychological Disorder                   |                 |               |                   |               |                           |   |              |              |

Signature of HO/AHO

10/5/10  
Health Officer  
C.B.P.H.C.S.  
Mathabhang Municipality

# School- wise Report on Health Check-Up of Students

Annexure - V

Mathabhanga Municipality

Name of School. Subhash pally 5th  
plan primary school.

Period of Examination from 26-02-10 to .....

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 38              | 44 | 22       | 29 | 1                | 0 | 21  | 29 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 4                 | 10 |          |   | 7    | 11 |                 |   |                      |   | 4                  | 2 |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |    |                           |   |              |   |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 6  | 0                 | 6  |                           |   | 0            | 5 |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |   |
| Ear : Discharge                          | 1               | 4  | 1                 | 4  |                           |   | 1            | 0 |
| Impacted Wax                             |                 |    |                   |    |                           |   |              |   |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |   |
| Nose : Discharge                         | 1               | 4  | 1                 | 4  |                           |   |              |   |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |   |
| Polyp                                    |                 |    |                   |    |                           |   |              |   |
| Throat: Enlarged Tonsil                  | 1               | 5  | 1                 | 5  |                           |   |              |   |
| Respiratory System                       | 1               | 3  | 1                 | 3  |                           |   |              |   |
| Productive Cough                         |                 |    |                   |    |                           |   |              |   |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |   |
| Cardio Vascular System                   | 1               | 3  | 1                 | 3  |                           |   |              |   |
| Abnormal Heart Sounds                    | 1               | 3  | 1                 | 3  |                           |   |              |   |
| Gastro-Intestinal System                 | 4               | 1  | 4                 | 1  |                           |   |              |   |
| Palpable Liver                           | 4               | 1  | 4                 | 1  |                           |   |              |   |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |   |
| Dental                                   | 21              | 27 | 21                | 27 |                           |   | 5            | 2 |
| Caries                                   | 21              | 27 | 21                | 27 |                           |   | 5            | 2 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |   |
| Skin                                     |                 |    |                   |    |                           |   |              |   |
| Scabies                                  |                 |    |                   |    |                           |   |              |   |
| Rash                                     |                 |    |                   |    |                           |   |              |   |
| Eczema                                   |                 |    |                   |    |                           |   |              |   |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |   |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |   |



No. of School: = one  
Joynagar

~~HE~~ HE

Sri Lalini  
7-6-10

Phone: 03218-220210/228580

Fax No. - 03218-221044

**JOYNAGAR MOZILPUR MUNICIPAL OFFICE**

P.O. - Joynagar Mozilpur, Pin Code No. - 743337  
South 24-Paraganas.

Memo No. - JMM/KUSP/116.

Dated: - 09-06-2010



To,  
The Project Manager, CMU,  
Ilugus Bhavan,  
H.C. Block, Sector-III,  
Bidhannagar, Kol-700 106.

**Sub: - Submission of Progress Report of School  
Health Programme for the month May, 2010.**

Sir,

In respect of above-mentioned subject we are submitting herewith Progress Report of School Health Programme for the month May, 2010 of this Municipality. This is for your kind information and necessary action.

Thanking You.

Encl: As stated above

Yours Faithfully,

CHAIRMAN

Joynagar Mozilpur Municipality

09/06/10



# School-wise Report on Health Check-up of Students

Joynagar Mozilpur Municipality

Name of School :- Hasanpur Sishu Sikha Kendra

Period of Examination :- 22-05-2010

*[Signature]*

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | ILL |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 28              | 32 | 20       | 25 | 12               | 13 | 8   | 12 |

| Nature of Illness |   |          |     |      |   |                 |     |                      |     |                    |   |                     |     |
|-------------------|---|----------|-----|------|---|-----------------|-----|----------------------|-----|--------------------|---|---------------------|-----|
| Anaemia           |   | Jaundice |     | Worm |   | Night Blindness |     | Iodine Def. Disorder |     | Vit. Def. Disorder |   | Physical Disability |     |
| M                 | F | M        | F   | M    | F | M               | F   | M                    | F   | M                  | F | M                   | F   |
| 6                 | 7 | Nil      | Nil | 2    | 5 | Nil             | Nil | Nil                  | Nil | 4                  | 8 | Nil                 | Nil |

| Salient Findings of Systemic Examination | No. of Students |     |                   |     | Lab Investigation Advised |     | No. Referred |     |
|------------------------------------------|-----------------|-----|-------------------|-----|---------------------------|-----|--------------|-----|
|                                          | Affected        |     | Treated at School |     |                           |     |              |     |
|                                          | M               | F   | M                 | F   | M                         | F   | M            | F   |
| Eye :                                    |                 |     |                   |     |                           |     |              |     |
| Visual Defect                            | 2               | 4   | 2                 | 4   | Nil                       | Nil | Nil          | Nil |
| Conjunctival discharge                   |                 |     |                   |     |                           |     |              |     |
| Ear :                                    |                 |     |                   |     |                           |     |              |     |
| Discharge                                | 3               | 4   | 3                 | 4   | Nil                       | Nil | Nil          | Nil |
| Impacted Wax                             | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Hearing Defect                           | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Nose :                                   |                 |     |                   |     |                           |     |              |     |
| Discharge                                | 2               | 3   | 2                 | 3   | Nil                       | Nil | Nil          | Nil |
| Deviated Nasal Septum                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Polyp                                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Throat :                                 |                 |     |                   |     |                           |     |              |     |
| Enlarged Tonsil                          | 5               | 7   | 5                 | 7   | Nil                       | Nil | Nil          | Nil |
| Respiratory System                       |                 |     |                   |     |                           |     |              |     |
| Productive Cough                         | 3               | 6   | 3                 | 6   | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | 2               | 3   | 2                 | 3   | Nil                       | Nil | Nil          | Nil |
| Cardio Vascular System                   |                 |     |                   |     |                           |     |              |     |
| Abnormal Heart Sounds                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Gastro-Intestinal System                 |                 |     |                   |     |                           |     |              |     |
| Palpable Liver                           | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Palpable Spleen                          | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Dental                                   |                 |     |                   |     |                           |     |              |     |
| Caries                                   | 2               | 5   | 2                 | 5   | Nil                       | Nil | Nil          | Nil |
| Bleeding & Spongy Gum                    | 1               | 1   | 1                 | 1   | Nil                       | Nil | Nil          | Nil |
| Skin                                     |                 |     |                   |     |                           |     |              |     |
| Scabies                                  | 1               | 2   | 1                 | 2   | Nil                       | Nil | Nil          | Nil |
| Rash                                     | 1               | 1   | 1                 | 1   | Nil                       | Nil | Nil          | Nil |
| Eczema                                   | 2               | 1   | 2                 | 1   | Nil                       | Nil | Nil          | Nil |
| Pyoderma                                 | 1               | 2   | 1                 | 2   | Nil                       | Nil | Nil          | Nil |
| Psychological Disorder                   | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |



*[Signature]*  
Signature of HO/AHO



# School-wise Report on Health Check-up of TAKI MUNICIPALITY

Name of School : **TAKI S.L. GIRLS' PR. SCHOOL** (Ward No.-04)  
Period of Examination : 19.04 to 21.04.2010 (03 Camp)

*2nd phase*

| No. of Students |     |          |     | Status of Health |     |     |    |
|-----------------|-----|----------|-----|------------------|-----|-----|----|
| Enrolled        |     | Examined |     | Healthy          |     | Ill |    |
| M               | F   | M        | F   | M                | F   | M   | F  |
| 0               | 164 | 0        | 159 | 0                | 114 | 0   | 45 |

| Nature of Illness |    |          |   |                 |   |      |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
| M                 | F  | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 0                 | 19 | 0        | 0 | 0               | 1 | 0    | 1 | 0                    | 0 | 0                  | 9 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |    | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|----|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |    |                            |   |              |   |
|                                          | M               | F                 | M | F  | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Conjunctiva discharge                    | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Ear: Discharge                           | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 0               | 4                 | 0 | 4  |                            |   |              |   |
| Respiratory System                       |                 |                   |   |    |                            |   |              |   |
| Productive Cough                         | 0               | 3                 | 0 | 3  |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |    |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |    |                            |   |              |   |
| Palpable Liver                           | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Palpable Spleen                          |                 |                   |   |    |                            |   |              |   |
| Dental                                   |                 |                   |   |    |                            |   |              |   |
| Caries                                   | 0               | 10                | 0 | 10 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0                 | 0 | 0  |                            |   |              |   |
| Skin                                     |                 |                   |   |    |                            |   |              |   |
| Scabies                                  | 0               | 1                 | 0 | 1  |                            |   |              |   |
| Rash                                     | 0               | 1                 | 0 | 1  |                            |   |              |   |
| Eczema                                   | 0               | 1                 | 0 | 1  |                            |   |              |   |
| Pyoderma                                 | 0               | 1                 | 0 | 1  |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0  |                            |   |              |   |

| Medicines      |           |
|----------------|-----------|
| Alb.           | 1         |
| M.V.           | 60        |
| Folifer        | 580       |
| Eye Cap        | 0         |
| Sept.          | 110       |
| <b>Antacid</b> | <b>50</b> |
| ORS            | 10        |
| AFC            | 2         |
| Bromhexine     | 40        |
| GVL            | 2         |
| PCM            | 8         |

BM - 2



# School-wise Report on Health Check-up of TAKI MUNICIPALITY

Name of School : **UTTARPALLI F.P. SCHOOL** (Ward No.-03)

Period of Examination : 22.04 to 23.04.2010 (02 Camp)

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 55              | 56 | 45       | 53 | 30               | 31 | 15  | 22 |

| Nature of Illness |    |          |   |                 |   |      |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
| M                 | F  | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 11                | 12 | 0        | 0 | 0               | 0 | 3    | 2 | 0                    | 0 | 4                  | 3 | 0                   | 1 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Ear: Discharge                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Palpable Spleen                          |                 |                   |   |   |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 2               | 1                 | 2 | 1 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Pyoderma                                 | 1               | 1                 | 1 | 1 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |

| Medicines      |           |
|----------------|-----------|
| Alb.           | 7         |
| M.V.           | 180       |
| Folifer        | 670       |
| Eye Cap        | 3         |
| Sept.          | 50        |
| <b>Antacid</b> | <b>30</b> |
| GVL            | 2         |
| AFC            | 0         |
| Bromhexine     | 40        |
| Metrozyl       | 10        |
| PCM            | 2         |



2nd phase



Total = 35  
Reported = 33  
Remaining = 2 School.

## SCHOOL HEALTH PROGRAMME - 2009-2010

No. of Schools (Health Check up) reported as on 30.04.2010

# COMMUNITY BASED PRIMARY HEALTH CARE SERVICES

## Taki Municipality

| Sl.    | Name of the School            | Ward No. | No. of Camp held |
|--------|-------------------------------|----------|------------------|
| 1.     | Sishu Siksha Kendra           | 01       | 1+               |
| 2.     | Jalalpur Ramakrishna Mission  | 01       | 1 No.            |
| 3.     | Taki Saidpur RNUP F.P. School | 02       | 1 No.            |
| 4.     | Pir Abdur Rahaman F.P. School | 02       | 1 No.            |
| 5.     | Bipin Behari F.P. School      | 03       | 1 No.            |
| 6.     | Taki Bhabanath F.P. School    | 04       | 2 Nos.           |
| 7.     | Jalalpur F.P. School          | 01       | 1 No.            |
| 8.     | Town Hasnabad G.S.F.P. School | 15       | 5 Nos.           |
| 9.     | Beonkati F.P. School          | 01       | 1 No.            |
| 10.    | Sishu Siksha Kendra           | 10       | 2 Nos.           |
| 11.    | Balaram Dalal F.P. School     | 11       | 4 Nos.           |
| 12.    | Lokedeep Sishu Siksha Kendra  | 09       | 1 No.            |
| 13.    | Town Hasnabad F.P. School     | 10       | 2 Nos.           |
| Total= |                               |          | 23 Nos.          |

Total No. of Schools (Camp Held) = (13+7+13) Nos. = 33 Nos.  
Previously as reported on 16.03.2010 for 20 Nos. of Schools.



## School-wise Report on Health Check-up of TAKI MUNICIPALITY

Name of School : *Sishu Siksha Kendra* (Ward No.-01)

Period of Examination : *26.03.10.* (01+ Camp)

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 38              | 31 | 38       | 33 | 19               | 15 | 19  | 16 |

| Nature of Illness |   |          |   |                 |   |      |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
| M                 | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 6                 | 2 | 0        | 0 | 0               | 0 | 3    | 2 | 0                    | 0 | 3                  | 2 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Ear: Discharge                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 2               | 2                 | 2 | 2 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Palpable Spleen                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 1               | 1                 | 1 | 1 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Pyoderma                                 | 1               | 2                 | 1 | 2 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |





**Medicines Used**

|             |        |
|-------------|--------|
| Folifar     | 230    |
| MV          | 150    |
| Alb.        | 5      |
| Metrozyl    | 52     |
| Sept.       | 70     |
| Eye Aplicap | 10     |
| Brom        | 20     |
| Antacid     | 30     |
| ORS         | 24     |
| GVL         | 6      |
| AFC         | 1      |
| BBL         | 1 file |

# School-wise Report on Health Check-up of TAKI MUNICIPALITY



Name of School : *Jalalpur Ramakrishna Mission* (Ward No.-01)

Period of Examination : *16.03.2010* (01 Camp)



| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 30              | 17 | 27       | 17 | 21               | 10 | 6   | 7 |

| Nature of Illness |   |          |   |                 |   |      |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
| M                 | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 3                 | 2 | 0        | 0 | 0               | 0 | 0    | 0 | 0                    | 0 | 3                  | 1 | 1                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| <b>Eye:</b> Visual Defect                | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| <b>Ear:</b> Discharge                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| <b>Nose:</b> Discharge                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| <b>Throat:</b> Enlarged Tonsil           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| <b>Respiratory System</b>                |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| <b>Cardio Vascular System</b>            |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Palpable Spleen                          |                 |                   |   |   |                            |   |              |   |
| <b>Dental</b>                            |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| <b>Skin</b>                              |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Pyoderma                                 | 0               | 0                 | 0 | 0 |                            |   |              |   |
| <b>Psychological Disorder</b>            | 0               | 0                 | 0 | 0 |                            |   |              |   |



**Medicines Used**

|             |        |
|-------------|--------|
| Folifar     | 150    |
| MV          | 80     |
| Alb.        | 0      |
| Metrozyl    | 0      |
| Sept.       | 10     |
| Eye Aplicap | 10     |
| Brom        | 0      |
| BBL         | 1 file |
| PCM         | 0      |



# School-wise Report on Health Check-up of TAKI MUNICIPALITY



Name of School : **TAKI SAIDPUR RNUP F.P. SCHOOL** (Ward No.-02)

Period of Examination : **19.03.10** (01 Camp)

| No. of Students |    |          |    | Status of Health |   |     |   |
|-----------------|----|----------|----|------------------|---|-----|---|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |   |
| M               | F  | M        | F  | M                | F | M   | F |
| 14              | 14 | 13       | 13 | 10               | 8 | 3   | 5 |

| Nature of illness |   |          |   |                 |   |      |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
| M                 | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 1                 | 3 | 1        | 0 | 0               | 0 | 0    | 0 | 0                    | 0 | 1                  | 1 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Ear: Discharge                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 1               | 0                 | 1 | 0 | 1                          | 0 |              |   |
| Palpable Spleen                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 1               | 2                 | 1 | 2 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Pyoderma                                 | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |





| Medicines      |           |
|----------------|-----------|
| Alb.           | 0         |
| M.V.           | 60        |
| Folifer        | 80        |
| Eye Cap        | 0         |
| Sept.          | 10        |
| <b>Antacid</b> | <b>50</b> |
| BBL            | 0         |
| AFC            | 0         |
| Bromhexine     | 0         |
| Metrozyl       | 50        |
| PCM            | 0         |



## School-wise Report on Health Check-up of TAKI MUNICIPALITY

Name of School : *Pir Abdur Rahaman F.P. School* (Ward No.-02)

Period of Examination : *13.09.10* (01 Camp)

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| M               | F  | M        | F  | M                | F  | M   | F |
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| 19              | 16 | 18       | 15 | 17               | 14 | 1   | 1 |

### Nature of Illness

| Anaemia |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
|---------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 0       | 1 | 0        | 0 | 0               | 0 | 0    | 0 | 0                    | 0 | 1                  | 1 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Ear: Discharge                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 1               | 1                 | 1 | 1 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 1               | 2                 | 1 | 2 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Palpable Spleen                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Pyoderma                                 | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |





### Medicines Used

|             |    |
|-------------|----|
| Folifar     | 10 |
| MV          | 60 |
| Alb.        | 0  |
| Metrozyl    | 0  |
| Sept.       | 60 |
| Eye Aplicap | 0  |
| Brom        | 25 |
| AFC         | 0  |
| PCM         | 4  |



## School-wise Report on Health Check-up of TAKI MUNICIPALITY

Name of School : *Bipin Behari F.P. School* (Ward No.-03)

Period of Examination : *27.03.10* (01 Camp)

| No. of Students |    |          |    | Status of Health |   |     |   |
|-----------------|----|----------|----|------------------|---|-----|---|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |   |
| M               | F  | M        | F  | M                | F | M   | F |
| 18              | 11 | 17       | 10 | 11               | 7 | 6   | 3 |

### Nature of Illness

| Anaemia |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
|---------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 1       | 2 | 0        | 0 | 0               | 0 | 2    | 3 | 0                    | 0 | 0                  | 3 | 0                   | 1 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 2               | 0                 | 2 | 0 |                            |   | 2            | 0 |
| Conjunctiva discharge                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Ear: Discharge                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Palpable Spleen                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 4               | 3                 | 4 | 3 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Pyoderma                                 | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |

\* One Physical Deformity female candidate has been referred for lab investigation report.

Prepared by:  
Krishna Kumar Basu (Computer Asstt.)

Dr. Abir Datta  
HEALTH OFFICER  
Taki Municipality  
*Health Officer*



**Medicines Used**

|             |    |
|-------------|----|
| Folifar     | 0  |
| MV          | 80 |
| Alb.        | 5  |
| Metrozyl    | 0  |
| Sept.       | 10 |
| Eye Aplicap | 10 |
| Brom        | 0  |
| AFC         | 0  |
| PCM         | 0  |



## School-wise Report on Health Check-up of TAKI MUNICIPALITY

Name of School : **TAKI BHABANATH F.P. SCHOOL** (Ward No.-04)

Period of Examination : 29.03.2010 (02 Camp)



| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 71              | 22 | 67       | 22 | 43               | 13 | 34  | 9 |

| Nature of Illness |   |          |   |                 |   |      |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
| M                 | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 6                 | 3 | 0        | 0 | 0               | 0 | 3    | 2 | 0                    | 0 | 3                  | 2 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 1               | 1                 | 1 | 0 |                            |   | 0            | 1 |
| Ear: Discharge                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 4               | 0                 | 4 | 0 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 4               | 0                 | 4 | 0 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Palpable Spleen                          |                 |                   |   |   |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 2               | 1                 | 2 | 1 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Pyoderma                                 | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |





| Medicines      |           |
|----------------|-----------|
| Alb.           | 3         |
| M.V.           | 60        |
| Folifer        | 110       |
| Eye Cap        | 10        |
| Sept.          | 70        |
| <b>Antacid</b> | <b>16</b> |
| BBL            | 1         |
| AFC            | 1         |
| Bromhexine     | 11        |
| Metrozyl       | 0         |
| PCM            | 31        |





## School-wise Report on Health Check-up of TAKI MUNICIPALITY

Name of School : **Jalalpur F.P. School** (Ward No.-01)

Period of Examination : 05/03/2010 (01 Camp)

| No. of Students |    |          |    | Status of Health |   |     |   |
|-----------------|----|----------|----|------------------|---|-----|---|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |   |
| M               | F  | M        | F  | M                | F | M   | F |
| 11              | 10 | 11       | 10 | 6                | 9 | 5   | 1 |

### Nature of Illness

| Anaemia |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
|---------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 1       | 0 | 0        | 0 | 0               | 0 | 1    | 0 | 0                    | 0 | 1                  | 1 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Ear: Discharge                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Palpable Spleen                          |                 |                   |   |   |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Pyoderma                                 | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |

Prepared by:  
Krishna Kumar Basu (Computer Asstt.)

Health Officer  
Taki Municipality  
Dr. Abir Datta  
HEALTH OFFICER  
Taki Municipality  
Taki Municipality



### Medicines Used

|            |    |
|------------|----|
| Folifar    | 10 |
| ORS        | 0  |
| Alb.       | 1  |
| Metrozyl   | 0  |
| Sept.      | 10 |
| BBL        | 0  |
| Brom       | 0  |
| Eye Cap    | 10 |
| PCM        | 0  |
| Mult. Vit. | 30 |
| Antacid    | 0  |
| AFC        | 0  |



Prepared by:  
Krishna Kumar Basu (Computer Asstt.)

Prepared by:  
Krishna Kumar Basu (Computer Asstt.)

Dr. Abir Datta  
HEALTH OFFICER  
Taki Municipality

# School-wise Report on Health Check-up of TAKI MUNICIPALITY



Name of School : *Town Hasnabad G.S.F.P.* (Ward No.-15)

Period of Examination : *10.03.10 to 12.03.10* (06 Camp)

| No. of Students |     |          |     | Status of Health |    |     |    |
|-----------------|-----|----------|-----|------------------|----|-----|----|
| Enrolled        |     | Examined |     | Healthy          |    | Ill |    |
| M               | F   | M        | F   | M                | F  | M   | F  |
| 143             | 142 | 135      | 135 | 88               | 95 | 47  | 40 |

| Nature of Illness |    |          |   |                 |   |      |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
| M                 | F  | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 16                | 17 | 0        | 1 | 0               | 0 | 3    | 3 | 0                    | 0 | 12                 | 2 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Ear: Discharge                           | 2               | 2                 | 2 | 2 |                            |   |              |   |
| Impacted Wax                             | 0               | 2                 | 0 | 2 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 1               | 2                 | 1 | 2 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 1               | 3                 | 1 | 3 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 0               | 1                 | 0 | 1 | 0                          | 1 |              |   |
| Palpable Spleen                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 8               | 3                 | 8 | 3 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Rash                                     | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Eczema                                   | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Pyoderma                                 | 3               | 2                 | 3 | 2 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |





| Medicine List (Used) |     |
|----------------------|-----|
| Septran              | 150 |
| Albendazole          | 6   |
| AFC                  | 1   |
| BBL                  | 2   |
| Mult. Vit.           | 560 |
| IFA                  | 820 |
| Metrozyl             | 6   |
| Bromhexine           | 25  |
| Eye-Cap              | 26  |
| Antacid              | 30  |
| O.R.S.               | 6   |
| PCM                  | 20  |
| GVL                  | 2   |



## School-wise Report on Health Check-up of TAKI MUNICIPALITY

Name of School : Beonkati F.P. School (Ward No.-01)

Period of Examination : 31.03/18 (01 Camp)

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 26              | 24 | 22       | 19 | 16               | 16 | 6   | 3 |

### Nature of Illness

| Anaemia |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
|---------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 0       | 0 | 0        | 0 | 0               | 0 | 0    | 0 | 0                    | 0 | 3                  | 2 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Ear: Discharge                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Palpable Spleen                          |                 |                   |   |   |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 1               | 1                 | 1 | 1 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Rash                                     | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Pyoderma                                 | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |



# School-wise Report on Health Check-up of TAKI MUNICIPALITY

Name of School : *Sishu Siksha Kendra* (Ward No.-10)

Period of Examination : 07.04.2010 (02 Camp)



| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 43              | 80 | 40       | 75 | 21               | 69 | 22  | 11 |

## Nature of Illness

| Anaemia |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
|---------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 6       | 5 | 0        | 0 | 0               | 0 | 0    | 3 | 0                    | 0 | 4                  | 4 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 2               | 0                 | 2 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Ear: Discharge                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 3               | 1                 | 3 | 1 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 3               | 2                 | 3 | 2 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Palpable Spleen                          |                 |                   |   |   |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 7               | 1                 | 7 | 1 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Pyoderma                                 | 2               | 0                 | 2 | 0 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |

### Medicines Used

|            |     |
|------------|-----|
| Folifar    | 300 |
| ORS        | 3   |
| Alb.       | 3   |
| Metrozyl   | 6   |
| Sept.      | 116 |
| BBL        | 0   |
| Brom       | 26  |
| GVL        | 4   |
| PCM        | 27  |
| Mult. Vit. | 90  |
| Antacid    | 10  |
| Eye Cap    | 20  |





# School-wise Report on Health Check-up of TAKI MUNICIPALITY



Name of School : *Balaram Dalal F.P. School* (Ward No.-11)

Period of Examination : *08.06.10/09.06.10* (04 Camps)

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 101             | 96 | 99       | 95 | 61               | 48 | 38  | 47 |

| Nature of Illness |    |          |   |                 |   |      |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
| M                 | F  | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 8                 | 16 | 1        | 0 | 0               | 0 | 10   | 4 | 0                    | 0 | 4                  | 7 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 1                 | 0 | 1 |                            |   | 0            | 1 |
| Conjunctiva discharge                    | 2               | 0                 | 2 | 0 |                            |   | 2            | 0 |
| Ear: Discharge                           | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 4               | 0                 | 4 | 0 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 3               | 1                 | 3 | 1 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 1               | 0                 | 0 | 0 | 1                          | 0 |              |   |
| Palpable Spleen                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 7               | 4                 | 7 | 4 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 1               | 1                 | 1 | 1 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 1               | 2                 | 1 | 2 |                            |   |              |   |
| Pyoderma                                 | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Psychological Disorder                   | 1               | 0                 | 0 | 0 |                            |   |              |   |



| Medicine List (Used) |     |
|----------------------|-----|
| Septran              | 210 |
| Albendazole          | 15  |
| AFC                  | 2   |
| BBL                  | 1   |
| Mult. Vit.           | 260 |
| IFA                  | 270 |
| Metrozyl             | 34  |
| Bromhexine           | 55  |
| Eye-Cap              | 10  |
| Antacid              | 50  |
| O.R.S.               | 2   |



# School-wise Report on Health Check-up of TAKI MUNICIPALITY



Name of School : *Lokedeep Shisu Siksha Niketan* (Ward No.-09)

Period of Examination : 10.02.2010 (01 Camp)

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 21              | 22 | 16       | 18 | 5                | 7 | 11  | 11 |

## Nature of Illness

| Anaemia |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
|---------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 3       | 2 | 1        | 0 | 0               | 0 | 6    | 3 | 0                    | 0 | 2                  | 0 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Ear: Discharge                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 4               | 1                 | 4 | 1 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 1               | 2                 | 1 | 2 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 1               | 0                 | 1 | 0 | 1                          | 0 |              |   |
| Palpable Spleen                          |                 |                   |   |   |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 1               | 1                 | 1 | 1 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 2                 | 0 | 2 |                            |   |              |   |
| Pyoderma                                 | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |



**Medicines Used**

|            |     |
|------------|-----|
| Folifar    | 140 |
| ORS        | 9   |
| Alb.       | 19  |
| Metrozyl   | 40  |
| Sept.      | 76  |
| BBL        | 1   |
| Brom       | 30  |
| GVL        | 2   |
| PCM        | 6   |
| Mult. Vit. | 60  |
| Antacid    | 60  |
| AFC        | 4   |



## School-wise Report on Health Check-up of TAKI MUNICIPALITY



Name of School : Town Hasnabad F.P. School (Ward No.-10)

Period of Examination : 05/04/2010 (2 Camps)

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 37              | 51 | 35       | 51 | 27               | 37 | 8   | 14 |

| Nature of Illness |   |          |   |                 |   |      |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|-----------------|---|------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Night Blindness |   | Worm |   | Iodine def. disorder |   | Vit. Def. disorder |   | Physical disability |   |
| M                 | F | M        | F | M               | F | M    | F | M                    | F | M                  | F | M                   | F |
| 1                 | 2 | 1        | 0 | 0               | 0 | 1    | 0 | 0                    | 0 | 2                  | 3 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |                   |   |   | Lab. Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-------------------|---|---|----------------------------|---|--------------|---|
|                                          | Affected        | Treated at School |   |   |                            |   |              |   |
|                                          | M               | F                 | M | F | M                          | F | M            | F |
| Eye: Visual Defect                       | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Conjunctiva discharge                    | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Ear: Discharge                           | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Impacted Wax                             | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Hearing Defect                           | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Nose: Discharge                          | 1               | 0                 | 1 | 0 |                            |   |              |   |
| Deviated Nasal septum                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Polyp                                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Throat: Enlarged Tonsil                  | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Respiratory System                       |                 |                   |   |   |                            |   |              |   |
| Productive Cough                         | 1               | 1                 | 1 | 1 |                            |   |              |   |
| Abnormal Breath Sound                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                            |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                            |   |              |   |
| Palpable Liver                           | 1               | 0                 | 1 | 0 | 1                          | 0 |              |   |
| Palpable Spleen                          |                 |                   |   |   |                            |   |              |   |
| Dental                                   |                 |                   |   |   |                            |   |              |   |
| Caries                                   | 1               | 2                 | 1 | 2 |                            |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Skin                                     |                 |                   |   |   |                            |   |              |   |
| Scabies                                  | 3               | 1                 | 3 | 1 |                            |   |              |   |
| Rash                                     | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Eczema                                   | 0               | 0                 | 0 | 0 |                            |   |              |   |
| Pyoderma                                 | 0               | 1                 | 0 | 1 |                            |   |              |   |
| Psychological Disorder                   | 0               | 0                 | 0 | 0 |                            |   |              |   |

Metro = 10

Sept. 72

PCW = 08

ANAL = 10

BNS 08

W = 120

1FA 50

Alb = 01

OLS- 02





*Budge Budge*  
*Total No = 7*

**BUDGE BUDGE MUNICIPALITY**  
**SCHOOL HEALTH CHECK-UP PROGRAMME COMPLETED IN 2009-2010**  
 \*\*\*\*\*

| SL NO. | SCHOOL NAME                              | BOYS / GIRLS. |
|--------|------------------------------------------|---------------|
| 01.    | Subhas School.                           | Boys.         |
| 02.    | "                                        | "             |
| 03.    | "                                        | Girls.        |
| 04.    | Bagan Para Sishu Sikha Kendra.           | Boys.         |
| 05.    | Bipin Smriti School.                     | Boys.         |
| 06.    | Joychandipur. School.                    | "             |
| 07.    | "                                        | "             |
| 08.    | "                                        | Girls.        |
| 09.    | "                                        | "             |
| 10.    | Badekali Nagar School.                   | Boys.         |
| 11.    | "                                        | Girls.        |
| 12.    | Manual School.                           | Boys + Girls. |
| 13.    | Bandahb Pathagar.School.                 | Boys.         |
| 14.    | "                                        | Girls         |
| 15.    | Janata Bidya Mandir.                     | Boys + Girls  |
| 16.    | Parbati Bidyalaya.                       | Boys + Girls  |
| 17.    | "                                        | Boys + Girls  |
| 18.    | ✓ Sikha Niketan. (1)                     | Boys + Girls. |
| 19.    | ✓ C.N.I Primary School. (2)              | Girls.        |
| 20.    | "                                        | "             |
| 21.    | ✓ Sahu Jain Primary School. (2)          | Boys + Girls. |
| 22.    | ✓ Pokepari U.P.Moktab School ( Boys) (4) | Boys + Girls. |
| 23.    | ✓ Nandanpur G.S.F.P. School. (5)         | Boys + Girls. |
| 24.    | ✓ Sailen Ghosh Sishu Sikhsha Kendra. (6) | Boys + Girls. |
| 25.    | ✓ Kali Nagar G.S.F.P.School. (7)         | Boys + Girls. |

*P. Kumar*  
 Health Officer  
 Budge Budge Municipality

# School-wise Report on Health Check-Up of Students

Annexure - V

Budae Budae

Municipality

Name of School Sinh Nivetz School

Period of Examination from 12 to 4 PM - 2.3.10 & 3.3.10

| No. of Students |   |          |   | Status of Health |   |     |   |
|-----------------|---|----------|---|------------------|---|-----|---|
| Enrolled        |   | Examined |   | Healthy          |   | Ill |   |
| M               | F | M        | F | M                | F | M   | F |
| 111             | — | 102      | — | 77               | — | 25  | — |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 11                | — | —        | — | 14   | — | —               | — | —                    | — | —                  | — | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 04              | — | —                 | — | —                         | — | 04           | — |
| Conjunctival discharge                   | 04              | — | 04                | — | —                         | — | —            | — |
| Ear : Discharge                          | 12              | — | 12                | — | —                         | — | —            | — |
| Impacted Wax                             | —               | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | —               | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | —               | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | —               | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | 04              | — | —                 | — | —                         | — | 04           | — |
| Throat: Enlarged Tonsil                  | 04              | — | 04                | — | —                         | — | —            | — |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 14              | — | 14                | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | —               | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    | —               | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | —               | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | —               | — | —                 | — | —                         | — | —            | — |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 05              | — | —                 | — | —                         | — | 05           | — |
| Bleeding & Spongy Gum                    | —               | — | —                 | — | —                         | — | —            | — |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 04              | — | 04                | — | —                         | — | —            | — |
| Rash                                     | —               | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | —               | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | —               | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | —               | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO



# School- wise Report on Health Check-Up of Students

Annexure - V

Pandee Pandee

Municipality

Name of School CNI School

Period of Examination from...12... to ...3 PM... 8.3.10 to 11.3.10

| No. of Students |     |          |     | Status of Health |     |     |    |
|-----------------|-----|----------|-----|------------------|-----|-----|----|
| Enrolled        |     | Examined |     | Healthy          |     | Ill |    |
| M               | F   | M        | F   | M                | F   | M   | F  |
| —               | 229 | —        | 203 | —                | 151 | —   | 52 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| —                 | 21 | —        | — | —    | 24 | —               | — | —                    | — | —                  | — | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      | —               | 10 | —                 | —  | —                         | — | —            | 10 |
| Conjunctival discharge                   | —               | 11 | —                 | 11 | —                         | — | —            | —  |
| Ear : Discharge                          | —               | 10 | —                 | 10 | —                         | — | —            | —  |
| Impacted Wax                             | —               | —  | —                 | —  | —                         | — | —            | —  |
| Hearing Defect                           | —               | —  | —                 | —  | —                         | — | —            | —  |
| Nose : Discharge                         | —               | —  | —                 | —  | —                         | — | —            | —  |
| Deviated Nasal Septum                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Polyp                                    | —               | 08 | —                 | —  | —                         | — | —            | 08 |
| Throat: Enlarged Tonsil                  | —               | 12 | —                 | 12 | —                         | — | —            | —  |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         | —               | 27 | —                 | 27 | —                         | — | —            | —  |
| Abnormal Breath Sound                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           | —               | —  | —                 | —  | —                         | — | —            | —  |
| Palpable Spleen                          | —               | —  | —                 | —  | —                         | — | —            | —  |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | —               | 10 | —                 | —  | —                         | — | —            | 10 |
| Bleeding & Spongy Gum                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Skin                                     |                 |    |                   |    |                           |   |              |    |
| Scabies                                  | —               | 09 | —                 | 09 | —                         | — | —            | —  |
| Rash                                     | —               | —  | —                 | —  | —                         | — | —            | —  |
| Eczema                                   | —               | —  | —                 | —  | —                         | — | —            | —  |
| Pyoderma                                 | —               | —  | —                 | —  | —                         | — | —            | —  |
| Psychological Disorder                   | —               | —  | —                 | —  | —                         | — | —            | —  |

Signature of HO/AHO

## School- wise Report on Health Check-Up of Students

Pondur Pondur Municipality

Name of School Sri Jani SchoolPeriod of Examination from 12 to 31 on 15.3.10 & 16.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 54              | 55 | 50       | 50 | 35               | 36 | 15  | 14 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 05                | 06 | -        | - | 07   | 05 | -               | - | -                    | - | -                  | - | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      | 01              | 02 | —                 | —  | —                         | — | 01           | 02 |
| Conjunctival discharge                   | 03              | 03 | 03                | 03 | —                         | — | —            | —  |
| Ear : Discharge                          | 04              | 03 | 04                | 03 | —                         | — | —            | —  |
| Impacted Wax                             | —               | —  | —                 | —  | —                         | — | —            | —  |
| Hearing Defect                           | —               | —  | —                 | —  | —                         | — | —            | —  |
| Nose : Discharge                         | —               | —  | —                 | —  | —                         | — | —            | —  |
| Deviated Nasal Septum                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Polyp                                    | 02              | 02 | —                 | —  | —                         | — | 02           | 02 |
| Throat: Enlarged Tonsil                  | 02              | 03 | 02                | 03 | —                         | — | —            | —  |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         | 07              | 07 | 07                | 07 | —                         | — | —            | —  |
| Abnormal Breath Sound                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           | —               | —  | —                 | —  | —                         | — | —            | —  |
| Palpable Spleen                          | —               | —  | —                 | —  | —                         | — | —            | —  |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | 02              | 02 | —                 | —  | —                         | — | 02           | 02 |
| Bleeding & Spongy Gum                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Skin                                     |                 |    |                   |    |                           |   |              |    |
| Scabies                                  | 02              | 02 | 02                | 02 | —                         | — | —            | —  |
| Rash                                     | —               | —  | —                 | —  | —                         | — | —            | —  |
| Eczema                                   | —               | —  | —                 | —  | —                         | — | —            | —  |
| Pyoderma                                 | —               | —  | —                 | —  | —                         | — | —            | —  |
| Psychological Disorder                   | —               | —  | —                 | —  | —                         | — | —            | —  |

Signature of HO/AHO

Health Officer  
Pondur Budge Municipality



# School- wise Report on Health Check-Up of Students

Annexure - V

Budae Budae

Municipality

Name of School

Porekri U.P. Mankal School

Period of Examination from 12 to 4 PM 18.3.10 to 19.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 50              | 49 | 48       | 47 | 37               | 35 | 11  | 12 |

| Nature of Illness |    |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 04                | 05 | -        | - | 7    | 7 | -               | - | -                    | - | -                  | - | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      | 1               | 1  | —                 | —  | —                         | — | 1            | 1  |
| Conjunctival discharge                   | 1               | 2  | 1                 | 2  | —                         | — | —            | —  |
| Ear : Discharge                          | 04              | 03 | 04                | 03 | —                         | — | —            | —  |
| Impacted Wax                             | —               | —  | —                 | —  | —                         | — | —            | —  |
| Hearing Defect                           | —               | —  | —                 | —  | —                         | — | —            | —  |
| Nose : Discharge                         | —               | —  | —                 | —  | —                         | — | —            | —  |
| Deviated Nasal Septum                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Polyp                                    | 02              | 01 | —                 | —  | —                         | — | 02           | 01 |
| Throat: Enlarged Tonsil                  | 04              | 03 | 04                | 03 | —                         | — | —            | —  |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         | 03              | 03 | 03                | 03 | —                         | — | —            | —  |
| Abnormal Breath Sound                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           | —               | —  | —                 | —  | —                         | — | —            | —  |
| Palpable Spleen                          | —               | —  | —                 | —  | —                         | — | —            | —  |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | 03              | 03 | —                 | —  | —                         | — | 03           | 03 |
| Bleeding & Spongy Gum                    | 01              | —  | 01                | —  | —                         | — | —            | —  |
| Skin                                     |                 |    |                   |    |                           |   |              |    |
| Scabies                                  | 01              | 02 | 01                | 02 | —                         | — | —            | —  |
| Rash                                     | —               | —  | —                 | —  | —                         | — | —            | —  |
| Eczema                                   | —               | —  | —                 | —  | —                         | — | —            | —  |
| Pyoderma                                 | —               | —  | —                 | —  | —                         | — | —            | —  |
| Psychological Disorder                   | —               | —  | —                 | —  | —                         | — | —            | —  |

Signature of HO/AHO

Health Officer  
Budae Budae Municipality

# School-wise Report on Health Check-Up of Students

Annexure - V

Budae Budae Municipality

Name of School Nandanpur HSFP  
School

Period of Examination from 12 to 4 PM 22.3.10 & 23.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 45              | 49 | 45       | 45 | 35               | 35 | 10  | 10 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 04                | 05 | -        | - | 02   | 02 | -               | - | -                    | - | -                  | - | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |    |                   |     | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|-----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |     |                           |   |              |    |
|                                          | M               | F  | M                 | F   | M                         | F | M            | F  |
| Eye : Visual Defect                      | 01              | 01 | —                 | —   | —                         | — | 01           | 01 |
| Conjunctival discharge                   | 03              | 04 | 03                | 04  | —                         | — | —            | —  |
| Ear : Discharge                          | 03              | 02 | 03                | 02  | —                         | — | —            | —  |
| Impacted Wax                             | —               | —  | —                 | —   | —                         | — | —            | —  |
| Hearing Defect                           | 01              | —  | —                 | —   | —                         | — | 01           | —  |
| Nose : Discharge                         | —               | —  | —                 | —   | —                         | — | —            | —  |
| Deviated Nasal Septum                    | —               | —  | —                 | —   | —                         | — | —            | —  |
| Polyp                                    | 01              | 01 | —                 | —   | —                         | — | 01           | 01 |
| Throat: Enlarged Tonsil                  | 01              | 01 | 01                | 01  | —                         | — | —            | —  |
| Respiratory System                       |                 |    |                   |     |                           |   |              |    |
| Productive Cough                         | 04              | 04 | 04                | 04  | —                         | — | —            | —  |
| Abnormal Breath Sound                    | —               | —  | —                 | —   | —                         | — | —            | —  |
| Cardio Vascular System                   |                 |    |                   |     |                           |   |              |    |
| Abnormal Heart Sounds                    | —               | —  | —                 | —   | —                         | — | —            | —  |
| Gastro-Intestinal System                 | —               | —  | —                 | —   | —                         | — | —            | —  |
| Palpable Liver                           | —               | —  | —                 | —   | —                         | — | —            | —  |
| Palpable Spleen                          | —               | —  | —                 | —   | —                         | — | —            | —  |
| Dental                                   |                 |    |                   |     |                           |   |              |    |
| Caries                                   | 02              | 02 | — 2               | — 2 | —                         | — | 02           | 02 |
| Bleeding & Spongy Gum                    | —               | —  | —                 | —   | —                         | — | —            | —  |
| Skin                                     |                 |    |                   |     |                           |   |              |    |
| Scabies                                  | 01              | —  | 01                | —   | —                         | — | —            | —  |
| Rash                                     | —               | —  | —                 | —   | —                         | — | —            | —  |
| Eczema                                   | —               | —  | —                 | —   | —                         | — | —            | —  |
| Pyoderma                                 | —               | —  | —                 | —   | —                         | — | —            | —  |
| Psychological Disorder                   | —               | —  | —                 | —   | —                         | — | —            | —  |

Signature of HO/AHO

Health Officer  
Budae Budae Municipality



## School- wise Report on Health Check-Up of Students

Bardaxi Boudae

Municipality

Name of School

Sailen Chandra

Period of Examination from 12 to 30.10.2017

Sishu Sikkha Kendra

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 15              | 15 | 13       | 12 | 10               | 09 | 13  | 02 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 02                | 03 | -        | - | 03   | 02 | -               | - | -                    | - | -                  | - | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      | —               | 01 | —                 | —  | —                         | — | —            | 01 |
| Conjunctival discharge                   | 01              | 01 | 01                | 01 | —                         | — | —            | 2  |
| Ear : Discharge                          | 01              | 01 | 01                | 01 | —                         | — | —            | —  |
| Impacted Wax                             | —               | —  | —                 | —  | —                         | — | —            | —  |
| Hearing Defect                           | —               | —  | —                 | —  | —                         | — | —            | —  |
| Nose : Discharge                         | —               | —  | —                 | —  | —                         | — | —            | —  |
| Deviated Nasal Septum                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Polyp                                    | 01              | —  | —                 | —  | —                         | — | 01           | —  |
| Throat: Enlarged Tonsil                  | —               | 01 | —                 | 01 | —                         | — | —            | —  |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         | 02              | 01 | 02                | 01 | —                         | — | —            | —  |
| Abnormal Breath Sound                    | 01              | —  | 01                | —  | —                         | — | —            | —  |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           | —               | —  | —                 | —  | —                         | — | —            | —  |
| Palpable Spleen                          | —               | —  | —                 | —  | —                         | — | —            | —  |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | —               | —  | —                 | —  | —                         | — | —            | —  |
| Bleeding & Spongy Gum                    | —               | —  | —                 | —  | —                         | — | —            | —  |
| Skin                                     |                 |    |                   |    |                           |   |              |    |
| Scabies                                  | —               | 01 | —                 | 01 | —                         | — | —            | —  |
| Rash                                     | —               | —  | —                 | —  | —                         | — | —            | —  |
| Eczema                                   | —               | —  | —                 | —  | —                         | — | —            | —  |
| Pyoderma                                 | —               | —  | —                 | —  | —                         | — | —            | —  |
| Psychological Disorder                   | —               | —  | —                 | —  | —                         | — | —            | —  |

Signature of HO/AHO

# School- wise Report on Health Check-Up of Students

Annexure - V

Bondee Bondee

Municipality

Name of School

Kelineru G.S.F.P.School

Period of Examination from.....12 to ..... 25.3.10 & 26.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 50              | 47 | 45       | 40 | 38               | 37 | 09  | 08 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 05                | 07 | —        | — | 05   | 06 | —               | — | —                    | — | —                  | — | —                   | — |

| Salient Findings of Systemic Examination | No. of Students |    |                   |     | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|-----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |     |                           |   |              |    |
|                                          | M               | F  | M                 | F   | M                         | F | M            | F  |
| Eye : Visual Defect                      | 05              | 03 | —                 | —   | —                         | — | 05           | 03 |
| Conjunctival discharge                   | 06              | 03 | 06                | 03  | —                         | — | —            | —  |
| Ear : Discharge                          | 05              | 04 | 05                | 04  | —                         | — | —            | —  |
| Impacted Wax                             | —               | —  | —                 | —   | —                         | — | —            | —  |
| Hearing Defect                           | —               | —  | —                 | —   | —                         | — | —            | —  |
| Nose : Discharge                         | —               | —  | —                 | —   | —                         | — | —            | —  |
| Deviated Nasal Septum                    | —               | —  | —                 | —   | —                         | — | —            | —  |
| Polyp                                    | 02              | 01 | —                 | —   | —                         | — | 02           | 01 |
| Throat: Enlarged Tonsil                  | 02              | 01 | 02                | 01  | —                         | — | —            | —  |
| Respiratory System                       |                 |    |                   |     |                           |   |              |    |
| Productive Cough                         | 03              | 03 | 03                | 03  | —                         | — | —            | —  |
| Abnormal Breath Sound                    | —               | —  | —                 | —   | —                         | — | —            | —  |
| Cardio Vascular System                   |                 |    |                   |     |                           |   |              |    |
| Abnormal Heart Sounds                    | —               | —  | —                 | —   | —                         | — | —            | —  |
| Gastro-Intestinal System                 |                 |    |                   |     |                           |   |              |    |
| Palpable Liver                           | —               | —  | —                 | —   | —                         | — | —            | —  |
| Palpable Spleen                          | —               | —  | —                 | —   | —                         | — | —            | —  |
| Dental                                   |                 |    |                   |     |                           |   |              |    |
| Caries                                   | 02              | 02 | — 2               | — 2 | —                         | — | 02           | 02 |
| Bleeding & Spongy Gum                    | —               | —  | —                 | —   | —                         | — | —            | —  |
| Skin                                     |                 |    |                   |     |                           |   |              |    |
| Scabies                                  | 02              | 02 | 02                | 02  | —                         | — | —            | —  |
| Rash                                     | —               | —  | —                 | —   | —                         | — | —            | —  |
| Eczema                                   | —               | —  | —                 | —   | —                         | — | —            | —  |
| Pyoderma                                 | —               | —  | —                 | —   | —                         | — | —            | —  |
| Psychological Disorder                   | —               | —  | —                 | —   | —                         | — | —            | —  |

Signature of HO/AHO



Phone: 03218-220210/228580

Fax No. - 03218-221044

**JOYNAGAR MOZILPUR MUNICIPAL OFFICE**

P.O. - Joynagar Mozilpur, Pin Code No. - 743337

South 24-Paraganas.

Total No  
School = 3  
Compl

*[Handwritten mark]*

Memo No. - JMM/KUSP/ 77

Dated: - 10-05-2010

To,  
The Project Manager, CMU,  
Ilus Bhavan,  
H.C. Block, Sector-III,  
Bidhannagar, Kol-700 106.



Health Ext  
Sri Lohini  
12.5.10

Sub: - Submission of Progress Report of School  
Health Programme up to April, 2010

Sir,

In respect of above-mentioned subject we are submitting herewith Progress Report of School Health Programme up to April, 2010 of this Municipality. This is for your kind information and necessary action.

Thanking You.

Enclo: As stated above

Yours Faithfully,

*[Handwritten signature]*

**CHAIRMAN**

**Joynagar Mozilpur Municipality**



# School-wise Report on Health Check-up of Students

Joynagar Mozilpur Municipality

Name of School :- Tilipara Sishu Sikha Kendra

Period of Examination :- 03-04-2010

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | ILL |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 36              | 34 | 25       | 30 | 20               | 18 | 5   | 12 |

| Nature of illness |   |          |     |      |   |                 |     |                      |     |                    |   |                     |     |
|-------------------|---|----------|-----|------|---|-----------------|-----|----------------------|-----|--------------------|---|---------------------|-----|
| Anaemia           |   | Jaundice |     | Worm |   | Night Blindness |     | Iodine Def. Disorder |     | Vit. Def. Disorder |   | Physical Disability |     |
| M                 | F | M        | F   | M    | F | M               | F   | M                    | F   | M                  | F | M                   | F   |
| 2                 | 8 | Nil      | Nil | 4    | 9 | Nil             | Nil | Nil                  | Nil | 1                  | 2 | Nil                 | Nil |

| Salient Findings of Systemic Examination | No. of Students |     |                   |     | Lab Investigation Advised |     | No. Referred |     |
|------------------------------------------|-----------------|-----|-------------------|-----|---------------------------|-----|--------------|-----|
|                                          | Affected        |     | Treated at School |     |                           |     |              |     |
|                                          | M               | F   | M                 | F   | M                         | F   | M            | F   |
| Eye :                                    |                 |     |                   |     |                           |     |              |     |
| Visual Defect                            | 1               | 2   | 1                 | 2   | Nil                       | Nil | Nil          | Nil |
| Conjunctival discharge                   |                 |     |                   |     |                           |     |              |     |
| Ear :                                    |                 |     |                   |     |                           |     |              |     |
| Discharge                                | 2               | 3   | 2                 | 3   | Nil                       | Nil | Nil          | Nil |
| Impacted Wax                             | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Hearing Defect                           | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Nose :                                   |                 |     |                   |     |                           |     |              |     |
| Discharge                                | 1               | 4   | 1                 | 4   | Nil                       | Nil | Nil          | Nil |
| Deviated Nasal Septum                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Polyp                                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Throat :                                 |                 |     |                   |     |                           |     |              |     |
| Enlarged Tonsil                          | 2               | 5   | 2                 | 5   | Nil                       | Nil | Nil          | Nil |
| Respiratory System                       |                 |     |                   |     |                           |     |              |     |
| Productive Cough                         | 1               | 2   | 1                 | 2   | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | 2               | 3   | 2                 | 3   | Nil                       | Nil | Nil          | Nil |
| Cardio Vascular System                   |                 |     |                   |     |                           |     |              |     |
| Abnormal Heart Sounds                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Gastro-Intestinal System                 |                 |     |                   |     |                           |     |              |     |
| Palpable Liver                           | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Palpable Spleen                          | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Dental                                   |                 |     |                   |     |                           |     |              |     |
| Caries                                   | 5               | 2   | 1                 | 6   | Nil                       | Nil | Nil          | Nil |
| Bleeding & Spongy Gum                    | 4               | 3   | 1                 | 6   | Nil                       | Nil | Nil          | Nil |
| Skin                                     |                 |     |                   |     |                           |     |              |     |
| Scabies                                  | 1               | 5   | 1                 | 5   | Nil                       | Nil | Nil          | Nil |
| Rash                                     | 1               | 2   | 1                 | 2   | Nil                       | Nil | Nil          | Nil |
| Eczema                                   | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Pyoderma                                 | 1               | Nil | 1                 | Nil | Nil                       | Nil | Nil          | Nil |
| Psychological Disorder                   | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |

  
 Signature of HO/AHO



**HEALTH OFFICER**  
 JAYNAGAR MOZILPUR MUNICIPALITY  
 SOUTH 24 Pgs. (W.B.)



# School-wise Report on Health Check-up of Students

Joynagar Mozilpur Municipality

Name of School :- Champatala Sishu Sikha Kendra

Period of Examination :- 08-04-2010

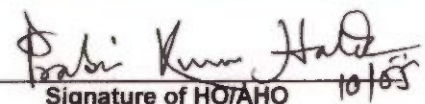


| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | ILL |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 38              | 20 | 28       | 15 | 20               | 10 | 8   | 5 |

| Nature of Illness |   |          |     |      |   |                 |     |                      |     |                    |   |                     |     |
|-------------------|---|----------|-----|------|---|-----------------|-----|----------------------|-----|--------------------|---|---------------------|-----|
| Anaemia           |   | Jaundice |     | Worm |   | Night Blindness |     | Iodine Def. Disorder |     | Vit. Def. Disorder |   | Physical Disability |     |
| M                 | F | M        | F   | M    | F | M               | F   | M                    | F   | M                  | F | M                   | F   |
| 6                 | 3 | Nil      | Nil | 7    | 4 | Nil             | Nil | Nil                  | Nil | 4                  | 2 | Nil                 | Nil |

| Salient Findings of Systemic Examination | No. of Students |     |                   |     | Lab Investigation Advised |     | No. Referred |     |
|------------------------------------------|-----------------|-----|-------------------|-----|---------------------------|-----|--------------|-----|
|                                          | Affected        |     | Treated at School |     |                           |     |              |     |
|                                          | M               | F   | M                 | F   | M                         | F   | M            | F   |
| Eye :                                    |                 |     |                   |     |                           |     |              |     |
| Visual Defect                            | 3               | 2   | 3                 | 2   | Nil                       | Nil | Nil          | Nil |
| Conjunctival discharge                   |                 |     |                   |     |                           |     |              |     |
| Ear :                                    |                 |     |                   |     |                           |     |              |     |
| Discharge                                | 2               | 3   | 2                 | 3   | Nil                       | Nil | Nil          | Nil |
| Impacted Wax                             | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Hearing Defect                           | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Nose :                                   |                 |     |                   |     |                           |     |              |     |
| Discharge                                | 5               | 3   | 5                 | 3   | Nil                       | Nil | Nil          | Nil |
| Deviated Nasal Septum                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Polyp                                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Throat :                                 |                 |     |                   |     |                           |     |              |     |
| Enlarged Tonsil                          | 2               | 1   | 2                 | 1   | Nil                       | Nil | Nil          | Nil |
| Respiratory System                       |                 |     |                   |     |                           |     |              |     |
| Productive Cough                         | 4               | 3   | 4                 | 3   | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | 3               | 1   | 3                 | 1   | Nil                       | Nil | Nil          | Nil |
| Cardio Vascular System                   |                 |     |                   |     |                           |     |              |     |
| Abnormal Heart Sounds                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Gastro-Intestinal System                 |                 |     |                   |     |                           |     |              |     |
| Palpable Liver                           | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Palpable Spleen                          | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Dental                                   |                 |     |                   |     |                           |     |              |     |
| Caries                                   | 4               | 3   | 4                 | 3   | Nil                       | Nil | Nil          | Nil |
| Bleeding & Spongy Gum                    | 2               | 1   | 2                 | 1   | Nil                       | Nil | Nil          | Nil |
| Skin                                     |                 |     |                   |     |                           |     |              |     |
| Scabies                                  | 2               | 2   | 2                 | 2   | Nil                       | Nil | Nil          | Nil |
| Rash                                     | 2               | 1   | 2                 | 1   | Nil                       | Nil | Nil          | Nil |
| Eczema                                   | 1               | 1   | 1                 | 1   | Nil                       | Nil | Nil          | Nil |
| Pyoderma                                 | 1               | 1   | 1                 | 1   | Nil                       | Nil | Nil          | Nil |
| Psychological Disorder                   | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |



  
 Signature of HO/AHO

**HEALTH OFFICER**  
 JAYNAGAR MOZILPUR MUNICIPALITY  
 SOUTH 24 Pgs. (W.B.)



# School-wise Report on Health Check-up of Students

Joynagar Mozilpur Municipality

Name of School :- Dompura Sishu Sikha Kendra

Period of Examination :- 29-04-2010

✱

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | ILL |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 15              | 28 | 12       | 24 | 9                | 15 | 3   | 9 |

| Nature of Illness |   |          |     |      |   |                 |     |                      |     |                    |   |                     |     |
|-------------------|---|----------|-----|------|---|-----------------|-----|----------------------|-----|--------------------|---|---------------------|-----|
| Anaemia           |   | Jaundice |     | Worm |   | Night Blindness |     | Iodine Def. Disorder |     | Vit. Def. Disorder |   | Physical Disability |     |
| M                 | F | M        | F   | M    | F | M               | F   | M                    | F   | M                  | F | M                   | F   |
| 2                 | 5 | Nil      | Nil | 2    | 6 | Nil             | Nil | Nil                  | Nil | 2                  | 6 | Nil                 | Nil |

| Salient Findings of Systemic Examination | No. of Students |     |                   |     | Lab Investigation Advised |     | No. Referred |     |
|------------------------------------------|-----------------|-----|-------------------|-----|---------------------------|-----|--------------|-----|
|                                          | Affected        |     | Treated at School |     |                           |     |              |     |
|                                          | M               | F   | M                 | F   | M                         | F   | M            | F   |
| <b>Eye :</b>                             |                 |     |                   |     |                           |     |              |     |
| Visual Defect                            | 1               | 5   | 1                 | 5   | Nil                       | Nil | Nil          | Nil |
| Conjunctival discharge                   |                 |     |                   |     |                           |     |              |     |
| <b>Ear :</b>                             |                 |     |                   |     |                           |     |              |     |
| Discharge                                | 1               | 2   | 1                 | 2   | Nil                       | Nil | Nil          | Nil |
| Impacted Wax                             | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Hearing Defect                           | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| <b>Nose :</b>                            |                 |     |                   |     |                           |     |              |     |
| Discharge                                | 2               | 4   | 2                 | 4   | Nil                       | Nil | Nil          | Nil |
| Deviated Nasal Septum                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Polyp                                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| <b>Throat :</b>                          |                 |     |                   |     |                           |     |              |     |
| Enlarged Tonsil                          | 7               | 6   | 7                 | 6   | Nil                       | Nil | Nil          | Nil |
| <b>Respiratory System</b>                |                 |     |                   |     |                           |     |              |     |
| Productive Cough                         | 2               | 5   | 2                 | 5   | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | 1               | 4   | 1                 | 4   | Nil                       | Nil | Nil          | Nil |
| <b>Cardio Vascular System</b>            |                 |     |                   |     |                           |     |              |     |
| Abnormal Heart Sounds                    | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| <b>Gastro-Intestinal System</b>          |                 |     |                   |     |                           |     |              |     |
| Palpable Liver                           | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Palpable Spleen                          | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| <b>Dental</b>                            |                 |     |                   |     |                           |     |              |     |
| Caries                                   | 3               | 4   | 1                 | 6   | Nil                       | Nil | Nil          | Nil |
| Bleeding & Spongy Gum                    | Nil             | 1   | Nil               | 1   | Nil                       | Nil | Nil          | Nil |
| <b>Skin</b>                              |                 |     |                   |     |                           |     |              |     |
| Scabies                                  | 2               | 1   | 1                 | 2   | Nil                       | Nil | Nil          | Nil |
| Rash                                     | 1               | Nil | 1                 | Nil | Nil                       | Nil | Nil          | Nil |
| Eczema                                   | 1               | 1   | 1                 | 1   | Nil                       | Nil | Nil          | Nil |
| Pyoderma                                 | 1               | 1   | 1                 | 1   | Nil                       | Nil | Nil          | Nil |
| <b>Psychological Disorder</b>            | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |



  
 Signature of HO/AHO

**HEALTH OFFICER**  
**JAYNAGAR MOZILPUR MUNICIPALITY**  
 SOUTH 24 Pgs. (W.B.)



# Office Of The Rajarhat-Gopalpur Municipality

RAGHUNATHPUR, KOLKATA-700 059

ESTD. - 1994

CHAIRMAN :  
TAPASH CHATTERJEE

VICE-CHAIRMAN :  
BHUPATI SENGUPTA

Ref. No. 972/RGM-A2/2010



Date. 26.4.2010.

To,  
The Project Director, (CMU)  
Salt Lake city  
ILGUS BHAVAN

Sir, Latun  
6.5.10

Sub :- Report of School wise on Health checkup  
of Students.

Sir,  
please find, enclosed herewith the Reports  
of Health checkup of Students of 5 (Five)  
Schools under Rajarhat Gopal Municipality  
which are completed in April 2010. please  
take necessary action.

Thanking you  
Yours faithfully,

  
Health Officer,

Dr. Shova Gupta  
Health Officer  
Rajarhat Gopalpur Municipality  
Rajarhat Gopalpur Kolkata 59

# School- wise Report on Health Check-Up of Students

Annexure - V

Rajahal Gopalpur Municipality

HAU-IV

Name of School Majherpara F.P. School

Period of Examination from 17/3/10 to 19/3/10

| No. of Students |     |          |    | Status of Health |    |     |    |
|-----------------|-----|----------|----|------------------|----|-----|----|
| Enrolled        |     | Examined |    | Healthy          |    | Ill |    |
| M & F           | F   | M        | F  | M                | F  | M   | F  |
| 221             | 119 | 69       | 86 | 22               | 29 | 47  | 57 |
| 102             |     |          |    |                  |    |     |    |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 7                 | 20 | -        | - | 30   | 27 | -               | 2 | -                    | - | 10                 | 8 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 2 |                   |   |                           |   | 1            | 2 |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          | 4               | 5 |                   |   |                           |   | 4            | 5 |
| Impacted Wax                             | 1               | 4 | 1                 | 4 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 4               | 1 |                   |   | 2                         | 1 | 2            | 1 |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 10              | 3 | 10                | 3 |                           |   | 1            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 | 1 |                   | 1 |                           |   |              | 1 |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO

P.T.M.O. P.VIII  
HAU Ng-4

Authorised to be used for official purposes

69  
155  
224  
69  
86  
155  
221  
66  
45  
21  
66



School-wise Report on Health Check-Up of Students

Rajachhat Gopalpur Municipality HAU-IV

Name of School Krishnapur F. P. School

Period of Examination from 20/2/10 to 29/2/10

| No. of Students |   |          |     | Status of Health |     |     |    |
|-----------------|---|----------|-----|------------------|-----|-----|----|
| Enrolled        |   | Examined |     | Healthy          |     | Ill |    |
| M               | F | M        | F   | M                | F   | M   | F  |
| 470             |   | 210      | 152 | 165              | 137 | 45  | 15 |

262 208

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 10                | 5 | -        | - | 20   | 8 | 2               | - | -                    | - | 13                 | 2 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 2               | 1 | —                 | — | —                         | — | 2            | 1 |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 3               | 2 | 3                 | 2 | —                         | — | —            | — |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 2 | —                 | — | —                         | — | 2            | 2 |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 1 | —                 | — | 2                         | 1 | 2            | 1 |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 10              | 7 | 8                 | 4 | —                         | — | 2            | 3 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | —               | 1 | —                 | — | —                         | — | —            | 1 |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
29/2/10

262  
208  
470

470  
362  
108  
52

470  
152

210 - 152  
52  
262  
208  
52  
466

P.T.M.O. P.P. VIII  
HAU NO-4  
Rajachhat Gopalpur Municipality



School- wise Report on Health Check-Up of Students

Rajarhat Gopalpur Municipality

HAU-IV

Name of School Bagjola F P School

Period of Examination from 15/3/10 to 16/3/10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 192             | 89 | 59       | 48 | 10               | 14 | 49  | 34 |
| 103             |    |          |    |                  |    |     |    |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 13                | 8 | -        | - | 20   | 16 | 1               | - | -                    | - | 15                 | 10 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | - | -                 | - | -                         | - | 1            | - |
| Conjunctival discharge                   | -               | - | -                 | - | -                         | - | -            | - |
| Ear : Discharge                          | 2               | 1 | -                 | - | -                         | - | 2            | 1 |
| Impacted Wax                             | 2               | 3 | 2                 | 3 | -                         | - | -            | - |
| Hearing Defect                           | -               | - | -                 | - | -                         | - | -            | - |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 4               | 2 | 4                 | 2 | 2                         | 2 | 1            | - |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 4               | 3 | -                 | - | 4                         | 3 | 4            | 3 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - | -                         | - | -            | - |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO

192  
107  
85  
42

59 - 48  
16  
163  
85 89  
46  
192



S.L.No-14

ATTENTION TO HPT

S.L.No-14

H.A.U-5

Annexure - V

## School-wise Report on Health Check-Up of Students

Rajasthan Gopalpur Municipality

Name of School. Haryana F.P. School.

Period of Examination from 12... to 4:30...pm.

| No. of Students |     |          |    | Status of Health |    |     |    |
|-----------------|-----|----------|----|------------------|----|-----|----|
| Enrolled        |     | Examined |    | Healthy          |    | Ill |    |
| M               | F   | M        | F  | M                | F  | M   | F  |
| 195             | 205 | 37       | 62 | 21               | 36 | 16  | 26 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 13                | 24 |          |   | 13   | 24 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      |                 |    |                   |    |                           |   |              |    |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |    |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |    |
| Impacted Wax                             |                 |    |                   |    |                           |   |              |    |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |    |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |    |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |    |
| Polyp                                    |                 |    |                   |    |                           |   |              |    |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |    |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         |                 |    |                   |    |                           |   |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |    |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |    |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | 03              | 02 | 03                | 02 |                           |   | 03           | 02 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |    |
| Skin                                     |                 |    |                   |    |                           |   |              |    |
| Scabies                                  |                 |    |                   |    |                           |   |              |    |
| Rash                                     |                 |    |                   |    |                           |   |              |    |
| Eczema                                   |                 |    |                   |    |                           |   |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |    |

Signature of HO/AHO

Shur  
23/4/10  
T. M. D. - 110  
H.A.U. NO. - 1

S.L. No-15

H.A.U-5

Annexure - V

## School- wise Report on Health Check-Up of Students

Rajurhat Gopalpur Municipality

Name of School. Swarni Vivekananda Vidya-mandir

Period of Examination from 12:30 to 4:30 p.m.

| No. of Students |     |          |     | Status of Health |    |     |    |
|-----------------|-----|----------|-----|------------------|----|-----|----|
| Enrolled        |     | Examined |     | Healthy          |    | Ill |    |
| M               | F   | M        | F   | M                | F  | M   | F  |
| 192             | 216 | 89       | 112 | 42               | 41 | 47  | 71 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 30                | 44 |          |   | 30   | 44 |                 |   |                      |   |                    |   |                     |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |    | Lab Investigation Advised |   | No. Referred |    |
|------------------------------------------|-----------------|----|-------------------|----|---------------------------|---|--------------|----|
|                                          | Affected        |    | Treated at School |    |                           |   |              |    |
|                                          | M               | F  | M                 | F  | M                         | F | M            | F  |
| Eye : Visual Defect                      |                 |    |                   |    |                           |   |              |    |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |    |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |    |
| Impacted Wax                             |                 |    |                   |    |                           |   |              |    |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |    |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |    |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |    |
| Polyp                                    |                 |    |                   |    |                           |   |              |    |
| Throat: Enlarged Tonsil                  |                 |    |                   |    |                           |   |              |    |
| Respiratory System                       |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         |                 |    |                   |    |                           |   |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |    |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |    |
| Dental                                   |                 |    |                   |    |                           |   |              |    |
| Caries                                   | 17              | 27 | 17                | 27 |                           |   | 17           | 27 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |    |
| Skin                                     |                 |    |                   |    |                           |   |              |    |
| Scabies                                  |                 |    |                   |    |                           |   |              |    |
| Rash                                     |                 |    |                   |    |                           |   |              |    |
| Eczema                                   |                 |    |                   |    |                           |   |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |   |              |    |

Signature of HO/AHO

23/4/10  
T. H. O. - VI  
HAU NO. - 3



# RAJPUR-SONARPUR MUNICIPALITY

P.O. HARINAVI, SOUTH 24-PARGANAS

Ref. No:- HAU/ 13/RSM

Date:- 23.04.10

To  
The Project Manager ,CMU  
ILGUS BHAWAN  
KOLKATA :-106



Health Ext.  
h

**Sub:-51-School-wise Report on Health Check-Up of Students  
in connection with implementation of School Health Prog.  
under Health Component of KUSP.**

Sir,

I like to inform you that we have completed School Health Check-up Prog.  
in 77-Govt.aided Primary School of this municipality under Health Component  
of KUSP.

I am enclosing herewith Report on Health Check-Up of Students of as per your  
proforma of 51-Schools.

Due to continuous prog. including routine works it has not become possible for  
us to complete the preparation of Report on Health Check-Up of Students of  
rest 26-Schools by sorting the Health Check-up Cards.

We will complete the process very soon.

This is for your kind information and necessary action.

Thanking you,

Yours faithfully,

23/4/10

(Health Officer)

Rajpur-Sonarapur Municipality

# School-wise Report on Health Check-Up of Students

Annexure - V

Rajput-Sonayw Municipality

Name of School B. O. Alia P. P. School

Period of Examination from 23/3/10 to .....

Ward No - 6

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 28              | 24 | 28       | 24 | 28               | 24 | 0   | 0 |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 0                 | 0 | 0        |   | 20   | 15 | 0               | 0 | 0                    | 0 | 0                  | 0 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |



## School-wise Report on Health Check-Up of Students

Rajpura Sonarpur Municipality

Name of School: Goxagalha Ramkrishna  
F. P. School  
Ward No. 1

Period of Examination from 26/10 to 11/30/10 - 4 P.M.

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 51              | 53 | 51       | 53 | 47               | 48 | 4   | 5 |

## Nature of Illness

| Anaemia |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
|---------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 2       | 4 | 1        | 1 | 30   | 31 | —               | — | —                    | — | 08                 | 9 | 1                   |   |

| Salient Findings of Systemic Examination | No. of Students |    |                   |      | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|----|-------------------|------|---------------------------|---|--------------|---|
|                                          | Affected        |    | Treated at School |      |                           |   |              |   |
|                                          | M               | F  | M                 | F    | M                         | F | M            | F |
| Eye : Visual Defect                      | ✓ 1             | 1  | —                 | —    | —                         | — | ✓ 1          | 1 |
| Conjunctival discharge                   | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 30              | 31 | 0 30              | 0 31 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Caries                                   | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Scabies                                  | 2               | 2  | 0 2               | 0 2  | 0                         | 0 | 0            | 0 |
| Rash                                     | 1               | 2  | 0 1               | 0 2  | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0  | 0                 | 0    | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   |                 |    | 0                 |      | 0                         | 0 | 0            | 0 |

Dr. Gokul KUSP School health programme doc

31/3/10  
 Health Officer  
 Sonarpur Municipality

21/3/10  
 Health Officer  
 Sonarpur Municipality  
 24 Parmanand Ghosh

Signature of HO/AHO



# School-wise Report on Health Check-Up of Students

Annexure - V

Uppur-Sonarpur Municipality

Name of School Gravinda Ch. G.S.F.P School

Period of Examination from 11:30 A.M to 3 P.M 29/3/16

Word No - 2

| No. of Students |    |          |    | Status of Health |   |     |   |
|-----------------|----|----------|----|------------------|---|-----|---|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |   |
| M               | F  | M        | F  | M                | F | M   | F |
| 36              | 33 | 36       | 33 |                  |   |     |   |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 3                 | 2 | 0        | 0 | 22   | 16 | 0               | 0 | 0                    | 0 | 17                 | 19 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 3               | 1 | 0                 | 0 | 0                         | 0 | 3            | 1 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 |              |   |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 3               | 2 | 0                 | 0 | 0                         | 0 | 3            | 2 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 1               | 2 | 0                 | 0 | 0                         | 0 | 1            | 2 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 1               | 0 | 0                 | 0 | 0                         | 0 | 1            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   |                 |   |                   |   | 0                         | 0 | 0            | 0 |

F. To Government KUP School Health Officer, Uppur-Sonarpur

Asstt. Health Officer  
Uppur-Sonarpur Municipality

Health Officer  
Uppur-Sonarpur Municipality  
24 Perambalur (South)

Signature of HO/AHO



# School- wise Report on Health Check Up of Students

Annexure - V



Upper Sonarpur Municipality

Name of School... Pankaj Narayan Free Primary School  
Ward No 4

Period of Examination from..... to 24.2.10

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 34              | 31 | 34       | 31 | 34               | 31 |     |   |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 10                | 10 | 0        | 0 | 30   | 30 | 0               | 0 | 0                    | 0 | 15                 | 17 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      |                 |   | •                 | • | •                         | • | •            | • |
| Conjunctival discharge                   | •               | • | •                 | • | •                         | • | •            | • |
| Ear : Discharge                          | •               | • | •                 | • | •                         | • | •            | • |
| Impacted Wax                             | •               | • | •                 | • | •                         | • | •            | • |
| Hearing Defect                           | •               | • | •                 | • | •                         | • | •            | • |
| Nose : Discharge                         | •               | • | •                 | • | •                         | • | •            | • |
| Deviated Nasal Septum                    | •               | • | •                 | • | •                         | • | •            | • |
| Polyp                                    | •               | • | •                 | • | •                         | • | •            | • |
| Throat: Enlarged Tonsil                  | •               | • | •                 | • | •                         | • | •            | • |
| Respiratory System                       | •               | • | •                 | • | •                         | • | •            | • |
| Productive Cough                         | •               | • | •                 | • | •                         | • | •            | • |
| Abnormal Breath Sound                    | •               | • | •                 | • | •                         | • | •            | • |
| Cardio Vascular System                   | •               | • | •                 | • | •                         | • | •            | • |
| Abnormal Heart Sounds                    | •               | • | •                 | • | •                         | • | •            | • |
| Gastro-Intestinal System                 | •               | • | •                 | • | •                         | • | •            | • |
| Palpable Liver                           | •               | • | •                 | • | •                         | • | •            | • |
| Palpable Spleen                          | •               | • | •                 | • | •                         | • | •            | • |
| Dental                                   | •               | • | •                 | • | •                         | • | •            | • |
| Caries                                   | •               | • | •                 | • | •                         | • | •            | • |
| Bleeding & Spongy Gum                    | •               | • | •                 | • | •                         | • | •            | • |
| Skin                                     | •               | • | •                 | • | •                         | • | •            | • |
| Scabies                                  | •               | • | •                 | • | •                         | • | •            | • |
| Rash                                     | •               | • | •                 | • | •                         | • | •            | • |
| Eczema                                   | •               | • | •                 | • | •                         | • | •            | • |
| Pyoderma                                 | •               | • | •                 | • | •                         | • | •            | • |
| Psychological Disorder                   | •               | • | •                 | • | •                         | • | •            | • |

31/3/10

31/3/10  
Health Officer  
Upper Sonarpur Municipality  
24, Park Street (Sonarpur)

Signature of HO/AHO

[Signature]

Asstt. Health Officer  
Municipality



# School-wise Report on Health Check-up of Students

Annexure - V

Rajpur Sonarpur Municipality

Name of School: Giribala Free Primary School  
Ward No-4

Period of Examination from..... to 30.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 21              | 22 | 21       | 22 | 21               | 22 | 21  | 22 |

| Nature of Illness |    |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|----|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |    | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F  | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 5                 | 10 | 0        | 0 | 20   | 18 | 0               | 0 | 0                    | 0 | 20                 | 20 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 1               | 0 | 0                 | 0 | 0                         | 0 | 1            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 1 | 0                 | 0 | 0                         | 0 | 0            | 1 |
| Abnormal Heart Sounds                    | 0               | 1 | 0                 | 0 | 0                         | 0 | 0            | 1 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |

F. Dr. Gnanendri K. J. School health programme

Per Room  
31/3/10

31/3/10

Health Officer

Rajpur Sonarpur Municipality

Asstt. Health Officer  
Rajpur Sonarpur Municipality

Signature of HO/AHO



# School-wise Report on Health Check-Up of Students

Agpur-Sonarpur Municipality

Name of School Srikhunda Vishwakarma School  
Ward No - 5

Period of Examination from 20/3/10 to .....

| No. of Students |    |          |    | Status of Health |   |     |     |
|-----------------|----|----------|----|------------------|---|-----|-----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill | Ill |
| M               | F  | M        | F  | M                | F | M   | F   |
| 32              | 33 | 31       | 33 |                  |   |     |     |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 2                 | 2 | 0        | 0 | 20   | 15 | 0               | 0 | 0                    | 0 | 15                 | 18 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| ✓ Eye : Visual Defect                    | 1               | 1 | 0                 | 0 | 0                         | 0 | 1            | 1 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| ✓ Skin                                   | 2               | 2 | 2                 | 2 | 0                         | 0 | 0            | 0 |
| ✓ Scabies                                | 1               | 2 | 1                 | 2 | 0                         | 0 | 0            | 0 |
| ✓ Rash                                   | 1               | 2 | 1                 | 2 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |

Signature of HO/AHO

31/3/10  
Asst. Health Officer  
Agpur-Sonarpur Municipality



# School-wise Report on Health Check-Up of Students

Annexure - V

Agarwal - Sonarpur Municipality

Name of School Nihar Kana F.P. School

Period of Examination from 31/3/10

Ward - 6



| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 33              | 28 | 33       | 28 | 31               | 26 | 2   | 2 |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 2                 | 1 | 0        | 0 | 20   | 15 | 0               | 0 | 0                    | 0 | 0                  | 0 | 0                   | 1 |

| Salient Findings of Systemic Examination | No. of Students |     |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|-----|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |     | Treated at School |   | M                         | F | M            | F |
|                                          | M               | F   | M                 | F |                           |   |              |   |
| Eye : Visual Defect                      | 0               | 0 1 | 0                 | 0 | 0                         | 0 | 0            | 1 |
| Conjunctival discharge                   | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Liver                           | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Scabies                                  | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   | 0               | 0   | 0                 | 0 | 0                         | 0 | 0            | 0 |

31/3/10

Asstt. Health Officer  
Agarwal - Sonarpur Municipality

Signature of HO/AHO





Annexure - V

## School-wise Report on Health Check-Up of Students

Rajpur-Sonarpur Municipality

Name of School. Manik G. Ghoshal F.P.S.  
ward No-6

Period of Examination from 26/3/10 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 37              | 25 | 37       | 25 | 35               | 22 | 2   | 3 |

| Nature of Illness |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F | M               | F | M                    | F | M                  | F | M                   | F |
| 2                 | 0 | 0        |   | 25   |   | 0               |   | 0                    |   | 0                  |   | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

31/3/10  
Asstt. Health Officer  
Rajpur-Sonarpur Municipality

Signature of HO/AHO

# School-wise Report on Health Check-Up of Students

Annexure - V

Rajpur-Sonargarh Municipality

Name of School Kandakur F.P. School  
Hartala  
Ward-7

Period of Examination from 23.3/10/10 to .....

| No. of Students |    |          |    | Status of Health |   |     |   |
|-----------------|----|----------|----|------------------|---|-----|---|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |   |
| M               | F  | M        | F  | M                | F | M   | F |
| 60              | 31 | 29       | 25 | 20               |   |     |   |

## Nature of Illness

| Anaemia |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
|---------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| M       | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 3       | 4 | 0        | 0 | 28   | 25 | 0               | 0 | 0                    | 0 | 10                 | 5 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   | 2               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           | 0               | 0 | 0                 | 0 |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   | 0                         |   |              |   |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   |                 |   |                   |   |                           |   |              |   |
| Bleeding & Spongy Gum                    | 2               | 1 | 0                 | 0 | 0                         | 0 | 2            | 1 |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

F. Pr. Sonargarh KUPP School health (signature) 31/3/10

Asstt. Health Officer  
Rajpur-Sonargarh Municipality

Signature of HO/AHO



## School-wise Report on Health Check-Up of Students

Rajput-Sonarpur Municipality

Name of School.. Melanah.. H.P.P.

Period of Examination from... 29/10... to 31/10....

ward-7 school

| No. of Students |    |          |   | Status of Health |   |     |   |
|-----------------|----|----------|---|------------------|---|-----|---|
| Enrolled        |    | Examined |   | Healthy          |   | Ill |   |
| M               | F  | M        | F | M                | F | M   | F |
| 95              | 25 | 30       |   |                  |   |     |   |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |   |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|---|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F | M                   | F |
| 0                 | 0 | 0        | 0 | 28   | 22 | 0               | 0 | 0                    | 0 | 8                  | 5 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Caries                                   |                 |   |                   |   |                           |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   |                 | 1 |                   |   |                           |   |              |   |

31/3/10  
Asstt. Health Officer  
Rajput-Sonarpur Municipality

Signature of HO/AHO



# School-wise Report on Health Check-Up of Students

Annexure - V



Kupur Muncipality

Name of School Kaderhab G.A.F.P.

Period of Examination from.....30.. to 3/10..

Ward 7 School

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 60              | 29 | 31       | 25 | 2                | - | 29  | 25 |

| Nature of Illness |   |          |   |      |    |                 |   |                      |   |                    |    |                     |   |
|-------------------|---|----------|---|------|----|-----------------|---|----------------------|---|--------------------|----|---------------------|---|
| Anaemia           |   | Jaundice |   | Worm |    | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |    | Physical Disability |   |
| M                 | F | M        | F | M    | F  | M               | F | M                    | F | M                  | F  | M                   | F |
| 4                 | 5 | 0        | 0 | 25   | 20 | 0               | 0 | 0                    | 0 | 20                 | 20 | 0                   | 0 |

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. Referred |   |
|------------------------------------------|-----------------|---|-------------------|---|---------------------------|---|--------------|---|
|                                          | Affected        |   | Treated at School |   |                           |   |              |   |
|                                          | M               | F | M                 | F | M                         | F | M            | F |
| Eye : Visual Defect                      | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Conjunctival discharge                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Ear : Discharge                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Impacted Wax                             | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Polyp                                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Throat: Enlarged Tonsil                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Breath Sound                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Cardio Vascular System                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Palpable Spleen                          | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   |                 |   |                   |   |                           |   |              |   |
| Bleeding & Spongy Gum                    | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Rash                                     | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Eczema                                   | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Pyoderma                                 | 0               | 0 | 0                 | 0 | 0                         | 0 | 0            | 0 |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Asstt. Health Officer  
Kupur Muncipality

Signature of HO/AHO