

**MUNICIPAL CORPORATION OF GREATER MUMBAI
PUBLIC HEALTH DEPARTMENT
School Health Services RECORD
To be filled in by the class teacher.**

PH 95

Year						
Standard and Division.						
School				Admission No.		M.I. No.
School				Admission No.		M.I. No.
Name of the Child						
Date of Birth		Order of Birth		Mother's Name		
Father's Name			Occupation			
Annual Income		No. of occupants		No. of children under 14 years		
Type of Residence	<input type="checkbox"/> Hut	<input type="checkbox"/> Chawl	<input type="checkbox"/> Flat			
Home Address						
Date	Summary of Teacher's Nurse's observation				Signature	
Important illness in the family Like <input type="checkbox"/> T.B. <input type="checkbox"/> Leprosy <input type="checkbox"/> Mental disease <input type="checkbox"/> etc.						
Past illness of Child Like <input type="checkbox"/> Diphtheria <input type="checkbox"/> Measles <input type="checkbox"/> Small-pox <input type="checkbox"/> mumps <input type="checkbox"/> Rheumatish operations						
<input type="checkbox"/> Fever	<input type="checkbox"/> Typhoid	<input type="checkbox"/> Physical	<input type="checkbox"/> Accidents	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Handicaps	
Phychological Problems and others						

RECORD OF IMMUNIZATION

Prophylaxis	Date and intial of Vaccinator inoculator	Date and intial of Vaccinator inoculator
Diphtheria Tetanus		
B. C. G.		
T. A. B.		
Others		
Pre School immunization and illness record		

(To be filled in by the Medical Officer or H. V.)

Date	Special Test	Result

R-Reference to Specialist O-Defect requiring observation T-Requiring treatment
 A-Good B-Fair C-Poc N:No defect

Date of Examination								
Class/Division								
Types of Examination (Periodical-P. Special-S)								
Age	Age							
	Ht. (in Cm.)							
	Wt. (in Kg.)							
Chest	Normal							
	Expanded							
Congenital								
General Cleanliness								
Tongue] Mouth							
Lips								
Teeth (Decayed Gingivitis others)								
Skin (Ringworm Scabies eczema boils others)								
Speech (Stammering, Lipping)								
Lymph Nodes (cervicals others)								
Eye (Blepharitis Trachoma Conjunctivitis)								
Squint Keratitis Corneal (opacity others)								
Vision, (Without glass) Rt.								
	Lt.							
(With glass) Rt.								
	Lt.							
Ear, (Otitis Media, Deafness Others)								
Nose (N. O. Deviated Septum)								
Throat (Tonsils, Sore throat)								
Abdomen (Spleen-liver-other)								
Vitamin] A] B — Complex] C] D							
Deficiency								
Heart (Organic Functional Underlined)								
Lungs Pleura (Bronchitis others)								
Tuberculosis								
Developmental Horina								
Orthopaedic (Posture, Flat foot galt-Others)								
Nervous (Epilepsy Paresis others)								
Pscycological (Behaviour Problem Others)								
Mental Condition Average-Dull								
Others (Anaemia-G. D. Pheumatism others)								
General Condition (Health Average-Mainourished).								
(Other finding)								
Date	Remarks and Suggestion of A. H. O. (Schools)					Signature		