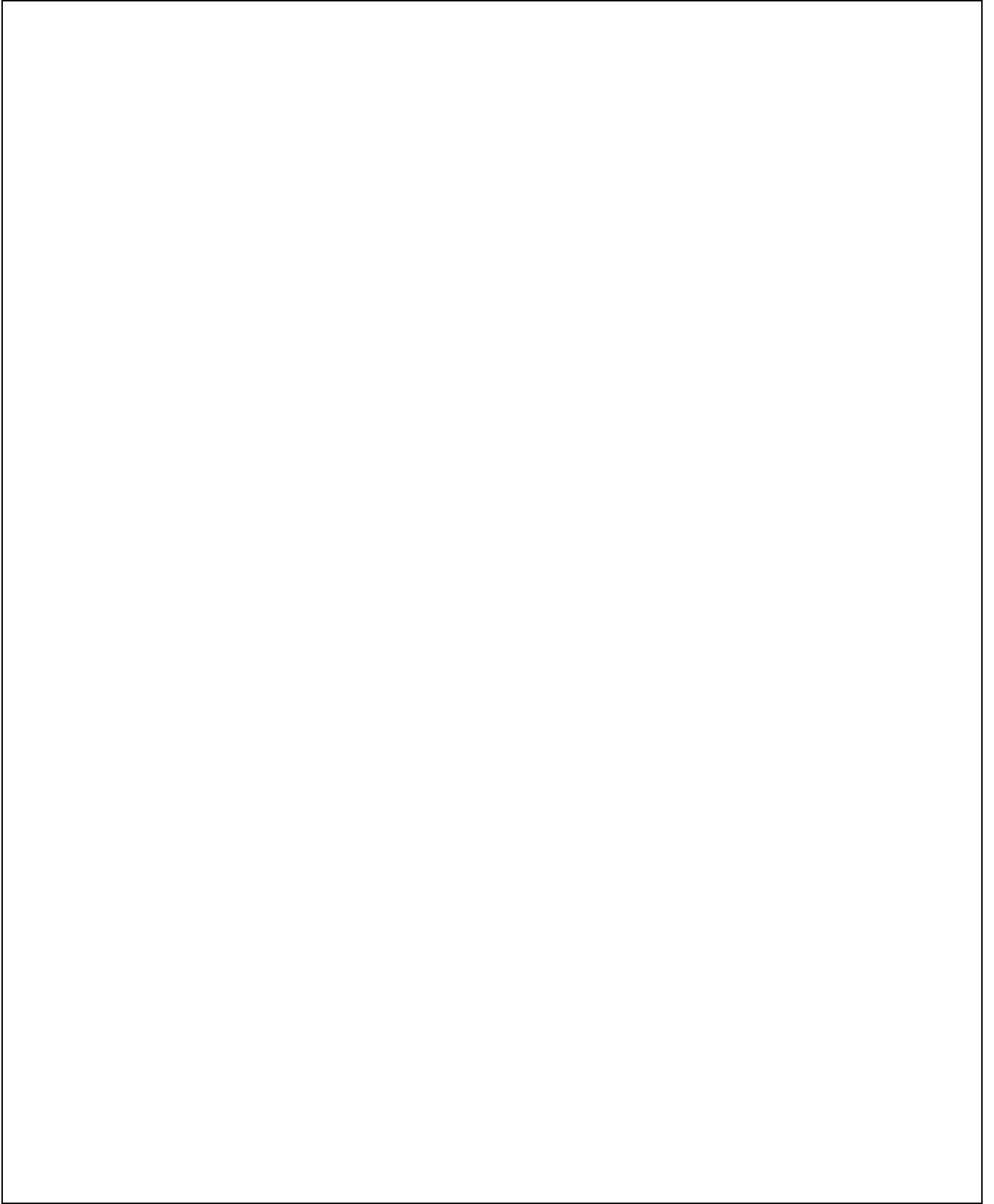


## Health Screening Camp Report

- Name of Student: \_\_\_\_\_
- Class/Semester: \_\_\_\_\_
- ID Number: \_\_\_\_\_
- Date of Camp: \_\_\_\_\_
- Venue (Village/Community/School): \_\_\_\_\_
- Organized by: \_\_\_\_\_
- In Collaboration with: \_\_\_\_\_
- Time: From \_\_\_\_\_ AM to \_\_\_\_\_ PM
- Type of Camp \_\_\_\_\_

### 1. Introduction

*(Briefly describe the purpose of the orientation visit.)*



## **2. Objectives of the Camp:**

### **A. General Objective:**

### **B. Specific Objectives:**

### **3. Planning and Preparation:**

#### **4. Services Provided During Camp:**



[illegible]

[illegible]





[illegible]

**Frequency and Percentage of Problems Identified:**

<b>SR.NO.</b>	<b>CONDITIONS</b>	<b>NUMBER OF PROBLEMS IDENTIFIED</b>	<b>PERCENTAGE (%)</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
	<b>TOTAL</b>		<b>100%</b>

## **6. Nursing Student's Role and Participation:**

- **Specific Responsibility Assigned:**

- **Activities Performed:**

- **Skills Practiced During Camp:**

## **7. Conclusion**

*(Summarize the learning outcomes and personal reflections.)*

## **8. References:**

**MANIKAKA TOPAWALA INSTITUTE OF NURSING**

**A CONSTITUENT OF CHARUSAT**

**COMMUNITY HEALTH NURSING**

**EVALUATION CRITERIA OF HEALTH SCREENING CAMP**

**Name of the student:**

**Place:**

**Student ID No.:**

**Date of submission:**

<b>Sr. No.</b>	<b>Evaluation Components</b>	<b>Maximum Marks</b>	<b>Marks Obtained</b>
<b>1.</b>	<b>Introduction and Objectives</b>	<b>5</b>	
<b>2.</b>	<b>Planning and Preparation</b>	<b>10</b>	
<b>3.</b>	<b>Services Provided During Camp</b>	<b>10</b>	
<b>4.</b>	<b>Camp Statistics and Outcome</b>	<b>10</b>	
<b>5.</b>	<b>Nursing Student's Role and Participation</b>	<b>10</b>	
<b>7.</b>	<b>Conclusion and References</b>	<b>5</b>	
	<b>Total</b>	<b>50</b>	

**Remarks:**

**Name of Evaluator:**

**Signature of Evaluator:**

**Date of Evaluation:**