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| **HEALTH REPORT CARD**  Health Camp Conducted on: {{cap\_dt}}    {{photo}}    **Name:** {{name}}  **Div:** {{div}}  **Roll No**: {{roll}}  **Admin No:** {{admin}}  **Father’s Name:** {{father}}  **Mother’s Name:** {{mother}}  **Mobile:** {{mob}}  **DOB**: {{dob}}  **Gender**: {{gen}}  **Blood Group**: {{blood}}    GENERAL EXAMINATION REPORT  Height {{ht}} Weight {{wt}} BMI {{bmi}}   1. **GENERAL CLEANLINESS**   Nails {{nails}} {{nails\_des}}  Skin {{skin}} {{skin\_desc}}  Hair {{hair}} {{hair\_desc}} **(2)** **ANEMIA/ FIGURE**  Anemia/Figure {{anem}} {{anem\_desc}}  **(3) ALLERGY**  Allergy {{allergy}} {{allergy\_desc}}  **(4) ABDOMEN**  Soft {{ab\_soft}} Hard {{ab\_hard}}  Distended {{ab\_dist}} Bowel Sound {{ab\_bowel}}  **(5) CENTRAL NERVOUS SYSTEM**  Conscious {{cns\_con}} Oriented {{cns\_ori}}  Playful {{cns\_pl}} Active {{cns\_act}}  Alert {{cns\_alrt}}  Speech {{cns\_spch}} {{cns\_spch\_desc}}  **(6) PAST HISTORY**  Medical {{past\_med}} Surgical {{past\_surg}}    VITALS EXAMINATION REPORT  B.P {{bp}} Pulse {{pulse}}  **CIRCUMFERENCES**  Hip {{hip}} Waist {{waist}}    BMI CHART  Normal 18.5-24.9 Underweight less than 18.5 Overweigh 25-29.9 Obese 30& Above |

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| E.N.T EXAMINATION REPORT  **(1) EAR**  **LEFT EAR RIGHT EAR**  Deformity {{le\_def}} Deformity {{le\_def}}  Wax {{le\_wax}} Wax {{le\_def}}  Tympanic Membrane {{le\_tm}} Tympanic Membrane {{le\_def}}  Discharge {{le\_dis}} Discharge {{le\_def}}  Normal Hearing {{le\_nh}} Normal Hearing {{le\_def}}  **(2) NOSE**  **LEFT NOSE**  **RIGHT NOSE** Nasal Obstruction {{le\_nh}} Nasal Obstruction {{le\_nh}}  Discharge {{le\_nh}} Discharge {{le\_nh}}  **(3) THROAT**  {{le\_nh}} **(4) NECK**  Throat Pain {{th\_pain}} Neck Nodes {{neck}}  Tonsils {{tons}}    VISION EXAMINATION REPORT   1. **VISION**   RE {{rcb}} LE {{lcb}}   1. **COLOR BLINDNESS** Right Eye Color Blindness {{rcb}} Left Eye Color Blindness {{lcb}} 2. **SQUINT**   Right Eye Squint {{rsq}} Left Eye Squint {{lsq}} |
| DENTAL EXAMINATION REPORT  **(I) Extra-Oral**  Extra-Oral {{dental\_ext}}  **(II) Intra-Oral**  (a) Tooth Cavity (Permanent Teeth)  {{remaining\_perm\_group1}} {{remaining\_perm\_group2}}  {{remaining\_perm\_group3}} {{remaining\_perm\_group4}}  **(b) Tooth Cavity (Primary Teeth)**  {{remaining\_prim\_group1}} {{remaining\_prim\_group1}}  {{remaining\_prim\_group3}} {{remaining\_prim\_group4}}  (c) Plaque {{plaque}} (d) Gum Inflammation {{gum\_inf}}  (e) Stains {{stains}} (f) Tooth Discoloration {{tooth\_disc}}  (g) Tarter {{tarter}} (h) Bad Breadth {{bad\_brth}}  (i) Gum Bleeding {{gum\_bleed}} (j) Soft Tissue {{soft\_tiss}}  (k) Fluorosis {{fluor}} (l) Malocclusion {{maloccl}}  (m) Root Stump {{root\_stmp}} (n) Missing Teeth {{miss\_teeth}}    Dental Examination Remarks : {{dental\_rmk}}    Health Tips: Healthy & Balanced Diet, Proper Hydration & Exercise, Good Hygiene helps maintain Healthy Lifestyle    Medical Officer Name:{{medical\_officer}}    Disclaimer: All findings are noted on the day of Medical Check-up |