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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}}  **Address:** {{addr}}  **Mobile:** {{mob}}  **DOB**: {{dob}}  **Gender**: {{gen}}  **Blood Group**: {{blood}} |

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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 {{throat}} 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}} |

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| GENERAL EXANIMATION REPORT  Height Weight BMI   1. GENERAL CLEANLINESS   Nails No Abnormality/Abnormality Hair Abnormality/No Abnormality  Skin No Abnormality/Abnormality (2) ANEMIA/ FIGURE  Anemia/Figure No Abnormality/Abnormality  (3) ALLERGY  Allergy No/YES  (4) ABDOMEN  Soft Yes/ No Hard Yes/No  Distended Yes/No Bowel Sound Yes/No  (5) CENTRAL NERVOUS SYSTEM  Conscious Yes/NO Oriented Yes/NO  Playful Yes/NO Active Yes/NO  Alert Yes/NO Speech Normal/Abnormal  (6) PAST HISTORY  Medical YES/No Surgical YES/No    VITALS EXAMINATION REPORT  B.P Pulse  CIRCUMFERENCES  Hip Waist    BMI CHART  Normal 18.5-24.9 Underweight less than 18.5 Overweigh 25-29.9 Obese 30& Above |
| DENTAL EXAMINATION REPORT  (I) Extra-Oral  Extra-Oral No Abnormality/Abnormality  (II) Intra-Oral  (a) Tooth Cavity (Permanent Teeth)  18 17 16 14 13 12 11 21 22 23 24 25 26 27 28  48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38  (b) Tooth Cavity (Primary Teeth)  55 54 53 52 51 61 62 63 64 65  85 84 83 82 81 71 72 73 74 75  (c) Plaque Present/ Absent (d) Gum Inflammation Present/ Absent  (e) Stains Present/ Absent (f) Tooth Discoloration Present/ Absent  (g) Tarter Present/ Absent (h) Bad Breadth Present/ Absent  (i) Gum Bleeding Present/ Absent (j) Soft Tissue No Abnormality/Abnormality  (k) Fluorosis Present/ Absent (l) Malocclusion Present/ Absent  (m) Root Stump Present/ Absent (n) Missing Teeth Present/ Absent    Dental Examination Remarks    Health Tips: Healthy & Balanced Diet, Proper Hydration & Exercise, Good Hygiene helps maintain Healthy Lifestyle    Medical Officer Name:    Disclaimer: All findings are noted on the day of Medical Check-up |