



53

School- wise Report on Health Check-Up of Students

Annexure - V

Balanghat Municipality

Name of School Ralewda Nagri

Period of Examination from 2007 to 2010

W/D - 5

| No. of Students |    |          |   | Status of Health |    |     |    |
|-----------------|----|----------|---|------------------|----|-----|----|
| Enrolled        |    | Examined |   | Healthy          |    | Ill |    |
| M               | F  | M        | F | M                | F  | M   | F  |
| 40              | 41 |          |   | 26               | 26 | 12  | 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 |
| 2                 | 2 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <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 |                           |   | 2            | 3 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
 Medical Officer  
 (PP-VII) (Ext.) Balanghat  
 Balanghat Municipality  
 Deoria District



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School- wise Report on Health Check-Up of Students

Annexure - V

(BAGHA JYOTIN)

Balrampur Municipality

Name of School... Bagha Jyoti SSK

Period of Examination from 20/09 to 20/10

W/D No. 2

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 38              | 42 | 36       | 40 | 22               | 25 | 14  | 15 |

| 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                 | 3 |          |   | 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               | 2 | 1                 | 2 |                           |   |              |   |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Ear : Discharge                          | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Impacted Wax                             | 1               | - | 1                 | - |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
 Medical Officer  
 (PP-VIII (Exam.) Balrampur  
 Balrampur Municipality  
 Dakshin District.



School-wise Report on Health Check-Up of Students

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Annexure - V

Bahurambh

Municipality

Name of School Ralew In SSK

Period of Examination from 2009 to 2010

WID-5

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 50              | 56 | 48       | 50 | 35               | 36 | 13  | 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 |
| 1                 | 2 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 2 | 2                 | 2 |                           |   | 2            | 2 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

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Signature of HO/AHO  
Medical Officer

IPP-VIII (Extn.) Bahurambh  
Bahurambh Municipality  
Gokarna Dinsapur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

Name of School Khudiram Smriti

Period of Examination from 2009 to 2010

W/D no - 4

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 42 | 38       | 39 | 18               | 23 | 20  | 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 |
| 3                 | 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                      | 1               | 1 | 1                 | 1 |                           |   | 1           | 1 |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |             |   |
| Ear : Discharge                          | 2               | 2 | 2                 | 2 |                           |   |             |   |
| Impacted Wax                             | 1               | - | 1                 | - |                           |   |             |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |             |   |
| Nose : Discharge                         | 2               | 2 | 2                 | 2 |                           |   |             |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |             |   |
| Polyp                                    |                 |   |                   |   |                           |   |             |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |             |   |
| 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                                   | 2               | 3 | 2                 | 3 |                           |   | 2           | 3 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |             |   |
| Skin                                     |                 |   |                   |   |                           |   |             |   |
| Scabies                                  | 2               | 1 | 2                 | 1 |                           |   |             |   |
| Rash                                     |                 |   |                   |   |                           |   |             |   |
| Eczema                                   |                 |   |                   |   |                           |   |             |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |             |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |             |   |

Signature of HO/AHO  
Medical Officer

IPP-VIII (Extra.) Balurghat  
Balurghat Municipality  
Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Municipality

Name of School Sukanta SSK  
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Period of Examination from 2006 to 2010 to .....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 38 | 35       | 35 | 25               | 25 | 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 |
| 1                 | 1 | 1        |   | 1    | 1 | 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                          | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  | 1               | 1 | 1                 | 1 |                           |   |              |   |
| 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                                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

*Mgr*

Signature of HO/AHO

Medical Officer

IPP-VIII ( Extn. ) Bahurghat

Balurghat Municipality

Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Municipality

(DINESH SMRITI)  
Name of School Dinesh Smrity  
W/D No-4  
W/D No-4

Period of Examination from 2009 .. to 2010.....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 45              | 50 | 43       | 46 | 26               | 33 | 17  | 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 |
| 3                 | 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                      | 2               | 1 | 2                 | 1 |                           |   | 2           | 1 |
| Conjunctival discharge                   | 2               | 2 | 2                 | 2 |                           |   |             |   |
| Ear : Discharge                          | 2               | 1 | 2                 | 1 |                           |   |             |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |             |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |             |   |
| Nose : Discharge                         | 2               | 2 | 2                 | 2 |                           |   |             |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |             |   |
| Polyp                                    |                 |   |                   |   |                           |   |             |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |             |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |             |   |
| Productive Cough                         | 2               | 1 | 2                 | 1 |                           |   |             |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |             |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |             |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |             |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |             |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |             |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |             |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |             |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2           | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |             |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |             |   |
| Scabies                                  | -               | 1 | -                 | 1 |                           |   |             |   |
| Rash                                     |                 |   |                   |   |                           |   |             |   |
| Eczema                                   |                 |   |                   |   |                           |   |             |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |             |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |             |   |

Signature of HO/AHO

Medical Officer  
IPP-VII (Extra.) Balurghat  
Balurghat Municipality  
Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Municipality

Name of School Monomoy Goudam  
Smiti SSK


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

WTD-3

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 46 | 38       | 42 | 22               | 28 | 16  | 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 |
| 3                 | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 3 | 2                 | 3 |                           |   | 2            | 2 |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 2 | 2                 | 2 |                           |   | 2            | 2 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
Signature of HO/AHO  
Medical Officer  
(PP-VIII (Ext.) Baharghat  
Baharghat Municipality  
Dangsun District



3

60.

Annexure - V

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

Balurghat Municipality


(KABIR NAJARULSSK)  
Name of School Kabir NajarulSSK  
W/D No. - 2

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 30              | 33 | 28       | 30 | 33               | 26 | 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 |
| 2                 | 3 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Impacted Wax                             | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <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 |                           |   | 2            | 3 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
**Signature of HO/AHO**  
 Medical Officer  
 (PP-VIII (Extra.) Balurghat  
 Balurghat Municipality,  
 Dakshin Dinajpur.





*SS*

61

Annexure - V

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

**Municipality** Balurghat

**Name of School** Netaji SSK

**Period of Examination from** 2009 to 2010

W/D NO-2

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 35              | 40 | 33       | 37 | 24               | 26 | 8   | 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                 | 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 | M                 | F |                           |   |              |   |
| <b>Eye : Visual Defect</b>               |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Hearing Defect                           | 1               | - | 1                 | - |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
|  | -               | 1 | -                 | 1 |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 2 | 1                 | 2 |                           |   | 1            | 2 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |



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

62  
Annexure - V

Municipality

Name of School Vidyasagar S.S.X


Period of Examination from 20/9 to 20/10....

W/D- 24

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 35              | 10 | 10       | 35 | 30               | 36 | 2   | 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 |
| 1                 | 2 |          |   | 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                 |   |                           |   |              |   |
| Conjunctival discharge                   |                 | 1 |                   | 1 |                           |   |              |   |
| Ear : Discharge                          | 1               |   | 1                 |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               |   | 1                 |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

  
**Signature of HO/AHO**  
 Medical Officer  
 IPP-VIII ( Extn. ) Balurghat  
 Balurghat Municipality  
 Dakshin Dinajpur.



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

63.  
Annexure - V

Municipality

Name of School... *Sailem Das Gupta Smriti*


Period of Examination from... *2019*... to *2020*.....

*W/D-3*

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 42 | 38       | 38 | 25               | 24 | 13  | 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 |
| 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 | M                 | F |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
**Signature of HO/AHO**  
 Medical Officer  
 IPP-VIII ( Extn. ) Balurghat  
 Balurghat Municipality  
 Dakshin Dinajpur.



S

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

64  
Annexure - V

Balurghat Municipality

Name of School... Sishu Mongal S.S.K.


Period of Examination from 2009 to 20/10/...

G/P No - 1

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 42              | 41 | 40       | 42 | 33               | 36 | 7   | 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 |
| 1                 | 2 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               |                 |   | 1                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Impacted Wax                             | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
**Signature of HO/AHO**  
 Medical Officer  
 IPP-VIII ( Extn. ) Balurghat  
 Balurghat Municipality  
 Dakarin Dinepur.



*Handwritten signature*

65

School- wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

(DAKRA CHANDI MONDAP)  
Name of School. Dakra chandi Mondap  
Ward no - 19.

Period of Examination from 20/9 to 20/10

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 50              | 55 | 97       | 51 | 37               | 41 | 10  | 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 |
| 3                 | 2 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | -               | 2 | -                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*Signature of HO/AHO*  
Medical Officer  
IPP-VIII ( Extn. ) Balurghat  
Balurghat Municipality,  
Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

Name of School Atreyee SSK  
ward no-1

Period of Examination from 2019 to 20/10/20...

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 50 | 38       | 46 | 27               | 31 | 11  | 15 |

| 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                 | 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 | M            | F |
| <b>Eye : Visual Defect</b>               | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             | -               | 1 | -                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
Medical Officer  
UP-VIII (Extra.) Balurghat  
Balurghat Municipality  
Goswami Durgapur.



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Annexure - V

School- wise Report on Health Check-Up of Students

*Balurghat* Municipality

Name of School *Gopal Haladanta Smriti*  
*ward - 16*

Period of Examination from *20/9* to *20/10*

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 49 | 38       | 45 | 27               | 39 | 11  | 11 |

| 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 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | -               | 1 | -                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | - | 1                 | - |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*[Signature]*  
Signature of HO/AHO  
Medical Officer  
IPP-VIII (Extm.) Balurghat  
Balurghat Municipality  
Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

Name of School (G. HOSH PARA) Ghompara SSK

Period of Examination from 2009 to 2010

Word - 17  
W/D No - 17

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 42 | 38       | 40 | 26               | 28 | 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 |
| 2                 | 3 |          |   | 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                      | 1               | 2 | 1                 | 2 |                           |   |             |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |             |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |             |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |             |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |             |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |             |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |             |   |
| Polyp                                    |                 |   |                   |   |                           |   |             |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |             |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |             |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |             |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |             |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |             |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |             |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |             |   |
| Palpable Liver                           | 1               | 2 | 1                 | 2 |                           |   |             |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |             |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |             |   |
| Caries                                   |                 |   |                   |   |                           |   |             |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |             |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |             |   |
| Scabies                                  |                 |   |                   |   |                           |   |             |   |
| Rash                                     |                 |   |                   |   |                           |   |             |   |
| Eczema                                   |                 |   |                   |   |                           |   |             |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |             |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |             |   |

Signature of HO/AHO  
 Medical Officer  
 (PP-VIII (Extn.) Balurghat  
 Balurghat Municipality,  
 Dakshin Dinajpur.





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

69  
Annexure - V

Balargarh Municipality

Name of School Adarsa SSK  
Ward - 15

Period of Examination from 20/09 to 21/09.....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 39              | 11 | 37       | 38 | 30               | 31 | 7   | 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 |
| 1                 | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | -               | 1 | -                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          | 1               | - | 1                 | - |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | -               | 1 | -                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

**Signature of HO/AHO**  
 Medical Officer  
 (PP-VIII (Extn.) Balargarh)  
 Balargarh Municipality  
 Deogarh District.



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School- wise Report on Health Check-Up of Students (BRIDGE COLONY SSK)

Annexure - V

Balurghat Municipality

Name of School... Bridge Colony SSK  
Ward - 19  
410-141

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 38              | 42 | 36       | 40 | 29               | 30 | 7   | 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                 | 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 | M                 | F |                           |   |              |   |
| Eye : Visual Defect                      | 1               | - | 1                 | - |                           |   |              |   |
| Conjunctival discharge                   | -               | 2 | -                 | 2 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| 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                                   | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Caries                                   |                 |   |                   |   |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

*[Signature]*  
Signature of HO/AHO  
Medical Officer  
IPP-VIII (Extn.) Balurghat  
Balurghat Municipality  
Durgam Chatterjee



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School- wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

Name of School *CBHAGINI NIBEDITA*  
*ward 17*  
*WIP-14*

Period of Examination from *2009* .. to *2010*.....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 34              | 40 | 32       | 37 | 17               | 27 | 15  | 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                 | 2 |          |   | 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                 | 1 |                           |   |             |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |             |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |             |   |
| Impacted Wax                             | 1               | - | 1                 | - |                           |   |             |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |             |   |
| Nose : Discharge                         | 2               | 1 | 2                 | 1 |                           |   |             |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |             |   |
| Polyp                                    |                 |   |                   |   |                           |   |             |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |             |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |             |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |             |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |             |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |             |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |             |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |             |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |             |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |             |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |             |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |             |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |             |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |             |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |             |   |
| Rash                                     |                 |   |                   |   |                           |   |             |   |
| Eczema                                   |                 |   |                   |   |                           |   |             |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |             |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |             |   |

*[Signature]*  
 Signature of HO/AHO  
 Medical Officer  
 (PP-VIII (Extra.) Balurghat  
 Balurghat Municipality  
 Cakaman Disajpur.



*[Handwritten Signature]*

72.

School- wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

(ANIL SMRITY)  
Name of School Anil Smrity ssk  
Ward - 20  
W/D NO-20

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 10              | 10 | 38       | 37 | 27               | 25 | 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 |
| 2                 | 3 |          |   | 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                      | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 | 1 |                   | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

*[Handwritten Signature]*  
Signature of HO/AHO  
Medical Officer  
PP-VIII (Extn.) Balurghat  
Balurghat Municipality  
Dumkani District.



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

Annexure - V

*Balurghat* Municipality

Name of School *Mandalpara SSK*  
*ward - 20*

Period of Examination from *2009* to *2010*

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 41              | 39 | 38       | 37 | 22               | 21 | 16  | 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                 | 2 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 1 | 1                 | 1 |                           |   | 1            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

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Signature of HO/AHO  
Medical Officer  
PP-VIII (Extn.) Balurghat  
Balurghat Municipality  
Goswanipur.



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Annexure - V

School- wise Report on Health Check-Up of Students

Balurghat Municipality

Name of School Chhattara pally ssk  
ward - 10

Period of Examination from...2009 to 2010.....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 41 | 38       | 38 | 22               | 24 | 16  | 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                 | 4 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
Medical Officer  
PP-VIII (Extn.) Bahadurpur  
Bahadurpur Municipality  
Gokul Dasgupta



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School- wise Report on Health Check-Up of Students

Annexure - V

Belurghat Municipality

Name of School Ram Koshina pally ssk

Period of Examination from 20/09/20 to 21/09/20

Date - 20

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 40              | 42 | 38       | 10 | 23               | 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 |
| 3                 | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 1               | - | 1                 | - |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | - | 1                 | - |                           |   | 1            |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO

Medical Officer  
 (PP-VIII (Extra.) Belurghat)  
 Belurghat Municipality,  
 Belurghat District.



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School- wise Report on Health Check-Up of Students

Annexure - V

Balrampur Municipality

Name of School *Nalanda SSK*  
*ward 20*

Period of Examination from *2009* to *2010*

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 45 | 38       | 42 | 27               | 31 | 11  | 11 |

| 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                 | 3 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | -               | 1 | -                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | - | 2                 | - |                           |   | 2            |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*[Signature]*  
Signature of HO/AHO  
Medical Officer  
(PP-VII) (Extn.) Balrampur  
Balrampur Municipality.  
Gokulnagar, Balrampur.





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77.

School-wise Report on Health Check-Up of Students

Annexure - V

Balurghat

Municipality

Name of School (NABADAY) Nabaday SSK

week 19  
WTD-19

Period of Examination from 20.09 .. to 20.10....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 24              | 20 | 22       | 18 | 13               | 11 | 9   | 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 |
| 2                 | 2 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 1               | - | 1                 | - |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*[Signature]*  
**Signature of HO/AHO**  
 Medical Officer  
 (PP-VIII ( Extn. ) Balurghat  
 Balurghat Municipality.  
 Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

(ADARSHA SSK)

Name of School Adarsha SSK

Ward - 18

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 38              | 36 | 36       | 33 | 21               | 22 | 15  | 11 |

| 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 |          |   | 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                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| 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                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
 Medical Officer  
 (PP-VIII (Extra.) Balurghat  
 Balurghat Municipality,  
 Balurghat District.



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Annexure - V

School- wise Report on Health Check-Up of Students

Belurghat Municipality

(SARADA SSK)  
Name of School Sarada SSK

Period of Examination from 20/09 to 20/10

ward - 18  
N/D-18

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 38              | 42 | 36       | 40 | 21               | 25 | 15  | 15 |

| 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 |          |   | 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                      | 1               | 2 | 1                 | 2 |                           |   |             |   |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 |                           |   |             |   |
| Ear : Discharge                          | 1               | - | 1                 | - |                           |   |             |   |
| Impacted Wax                             | -               | 2 | -                 | 2 |                           |   |             |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |             |   |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 |                           |   |             |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |             |   |
| Polyp                                    |                 |   |                   |   |                           |   |             |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |             |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |             |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |             |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |             |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |             |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |             |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |             |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |             |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |             |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |             |   |
| Caries                                   | 2               | 2 | 2                 | 2 |                           |   |             |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |             |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |             |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |             |   |
| Rash                                     |                 |   |                   |   |                           |   |             |   |
| Eczema                                   |                 |   |                   |   |                           |   |             |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |             |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |             |   |

*Signature of HO/AHO*  
Medical Officer  
PP-VIII (Extra.) Belurghat  
Belurghat Municipality  
Barkata District.



School- wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

Name of School

(UDAYAN SSK)

Udayan SSK

ward - 19.

NID No-19

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 36 | 38       | 39 | 26               | 24 | 12  | 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                 | 2 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | - | 1                 | - |                           |   |              |   |
| Conjunctival discharge                   | -               | 2 | 2                 | 2 |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO

Medical Officer

IPP-VIII (Extn.) Balurghat

Balurghat Municipality.

Dakshin Dinajpur.



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Annexure - V

School-wise Report on Health Check-Up of Students

Belurghat Municipality

Name of School: SARAJINI SSK  
 Sarajini SSK  
 ward - 18  
 h/d no - 18

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 42 | 37       | 40 | 20               | 30 | 17  | 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 |
| 3                 | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*Signature*  
 Signature of HO/AHO  
 Medical Officer  
 (PP-VIII (Extn.) Belurghat  
 Belurghat Municipality  
 Durgam Chinnai



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School- wise Report on Health Check-Up of Students

Annexure - V

Balanghat Municipality

(MATANGINI)

Name of School Malangini SSA

Period of Examination from 2009 to 2010,....

Ward - 18  
WTD - 18

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 32              | 36 | 30       | 33 | 17               | 18 | 13  | 15 |

| 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                 | 3 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | -               | 1 | -                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*Signature*  
Signature of HO/AHO  
Medical Officer  
199-VIII (Extn.) Balanghat  
Balanghat Municipality,  
Dakshin Dinajpur.



School- wise Report on Health Check-Up of Students

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Annexure - V

Balargarh Municipality

Name of School 1 - No Gopalauwary

Period of Examination from 2009 to 2010

W/D - 17

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 45              | 55 | 42       | 51 | 27               | 37 | 15  | 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 |
| 2                 | 3 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               |   | 1                 |   |                           |   |              |   |
| Impacted Wax                             | -               | 2 | -                 | 2 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |



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Annexure - V

School- wise Report on Health Check-Up of Students

Balrghat Municipality

Name of School 3. No - Gopal all along  
ward - 12

Period of Examination from 2009 to 2012.....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 45              | 49 | 42       | 46 | 24               | 29 | 218 | 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                 | 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 | M                 | F |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             | 2               | - | 2                 | - |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*20*  
Signature of HO/AHO  
Medical Officer  
PP-VIII ( Extn. ) Balrghat  
Balrghat Municipality  
Dakshin Dinajpur.





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School- wise Report on Health Check-Up of Students

Annexure - V

*Balurghat* Municipality

Name of School *2ND Gopalau Grou*  
*ward - 17*

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 50              | 59 | 47       | 59 | 32               | 40 | 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 |
| 2                 | 4 |          |   | 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 | M                 | F |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             | -               | 1 | -                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | - | 2                 | - |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*85*  
Signature of HO/AHO  
Medical Officer  
PP-VIII (Extra.) Balurghat  
Balurghat Municipality  
Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Municipality

Name of School 4-150 Gopalan Colony  
Ward - 17

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 45              | 48 | 43       | 46 | 26               | 32 | 17  | 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 |
| 2                 | 3 |          |   | 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                      | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Ear : Discharge                          | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             | -               | 2 | -                 | 2 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| 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                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

*Signature*  
Signature of HO/AHO  
Medical Officer

PP-VIII (S.No. 1) Balurghat  
Balurghat Municipality,  
Dakshin Dinajpur.



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Annexure - V

School- wise Report on Health Check-Up of Students

Balurghat Municipality

(Duck Bungalow Para)

Name of School Duck Bungalow para ssk

Ward - 17

Period of Examination from 2009 .. to 2010.....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 30              | 38 | 28       | 34 | 16               | 17 | 12  | 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 |
| 2                 | 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 | M                 | F |                           |   |              |   |
| Eye : Visual Defect                      | 1               | - | 1                 | - |                           |   |              |   |
| Conjunctival discharge                   | -               | 2 | -                 | 2 |                           |   |              |   |
| Ear : Discharge                          | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| 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                                   | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
 Medical Officer  
 IPP-VIII (Extra.) Balurghat  
 Balurghat Municipality  
 Gokul Dasgupta



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88.

Annexure - V

School-wise Report on Health Check-Up of Students

Balrghat Municipality

(SANTI BALASHARMA)  
Name of School Sandhya Sharmas

Period of Examination from 20/9 to 20/9

Smriti BSK  
word - 21  
N/D - 21

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 42              | 38 | 40       | 36 | 27               | 25 | 13  | 11 |

| 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 |          |   | 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                      | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| 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                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
Medical Officer  
IPP-VIII (Extn.) Balrghat  
Balrghat Municipality,  
Dakshin Dinagpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

*Balurghat* Municipality

(DHIRENDRA NATH NAH)

Name of School *Dhirendra Nath Nah Smriti*

Period of Examination from *2009* to *2010*

Ward - *22*  
W/D - *22*

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 43 | 38       | 40 | 24               | 29 | 14  | 11 |

| 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 |          |   | 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                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | -               | 2 | -                 | 2 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| 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                                   | 2               | 2 | 2                 | 2 |                           |   | 2            | 2 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

*[Signature]*  
Signature of HO/AHO  
Medical Officer

(PP-VIII (Extn.) Balurghat  
Balurghat Municipality  
Dakshin Dinajpur.



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Annexure - V

School- wise Report on Health Check-Up of Students

(JAGADISH CHANDRA)  
Name of School Jagadish Chandra

Balurghat Municipality

Name of School

Period of Examination from 20.09 to 20.10

ward - 22  
N/D - 22

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 38              | 42 | 36       | 39 | 22               | 30 | 14  | 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                 | 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                      | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Impacted Wax                             | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

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Signature of HO/AHO  
Medical Officer  
(PP-VIII (Extra.) Balurghat  
Balurghat Municipality  
Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Balugaon Municipality

Name of School: CCHARU POJZA SAHA  
Charubala Saha Smriti

Period of Examination from 2029 to 2010

Ward - 21  
WTD - 21

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 38              | 92 | 36       | 39 | 25               | 29 | 11  | 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                 | 1 |          |   | 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               | - | 1                 | - |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 1               | - | 1                 | - |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
Medical Officer  
(PP-VIII (Exm.)) Balugaon  
Balugaon Municipality,  
Debagpur District.



School-wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

(CHINNO MASTA PALLI)  
Name of School Chinnomasta palli SSK

Period of Examination from 20/10/2019 to 20/10/2019

ward - 21  
NID - 21

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 43              | 40 | 40       | 38 | 32               | 31 | 8   | 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 |
|                   | 2 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | - | 1                 | - |                           |   |              |   |
| Conjunctival discharge                   | -               | 1 | -                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 1               | - | 1                 | - |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO

Medical Officer  
IPP-VIII (Extn.) Balurghat  
Balurghat Municipality  
Galsia Durgam.





School-wise Report on Health Check-Up of Students

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Annexure - V

Balurghat Municipality


Name of School Kochi Kacha  
Kochi Kocha SSK  
 Ward - 21  
 N/D No. - 21

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 37              | 39 | 35       | 36 | 27               | 28 | 8   | 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                 | 2 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | —               | 1 | —                 | 1 |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 1               | — | 1                 | — |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 3               | 2 | 3                 | 2 |                           |   | 3            | 2 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
 Signature of HO/AHO  
 Medical Officer  
 (PP-VIII (Extn.) Balurghat)  
 Balurghat Municipality  
 Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

Name of School CANKUR SSK  
Ankur SSK

Period of Examination from 2009 to 2010.....

Ward - 21  
W/D-21

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 45              | 99 | 43       | 95 | 27               | 39 | 16  | 11 |

| 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 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | - | 1                 | - |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*[Signature]*  
Signature of HO/AHO  
Medical Officer  
(PP-VIII ( Extn. ) Balurghat  
Balurghat Municipality  
Dakshin Dinajpur.



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Annexure - V

School- wise Report on Health Check-Up of Students

Belurghat Municipality

Name of School CADARSA SSK  
Adarsa SSK

Ward - 16  
10/10-16

Period of Examination from 20/9 to 20/10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 13 | 38       | 40 | 21               | 21 | 19  | 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 |
| 3                 | 2 |          |   | 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               | 2 | 1                 | 2 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Ear : Discharge                          | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <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 |                           |   | 2            | 3 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO  
Medical Officer  
(P)-VIII (Extra) Balurghat  
Balurghat Municipality  
Balurghat Disajpur.



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Annexure - V

School- wise Report on Health Check-Up of Students

Balurghat Municipality


Name of School Uttar Chaulkhatia SSU  
ord - 23

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 42              | 38 | 40       | 36 | 27               | 22 | 13  | 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 |
| 2                 | 3 |          |   | 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                      | 1               | 1 | 1                 | 1 |                           |   |             |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |             |   |
| Ear : Discharge                          | 1               | 1 | 1                 | 1 |                           |   |             |   |
| Impacted Wax                             | 1               | 1 | 1                 | 1 |                           |   |             |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |             |   |
| Nose : Discharge                         | 2               | 2 | 2                 | 2 |                           |   |             |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |             |   |
| Polyp                                    |                 |   |                   |   |                           |   |             |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |             |   |
| Respiratory System                       |                 |   |                   |   |                           |   |             |   |
| Productive Cough                         | 3               | 3 | 3                 | 3 |                           |   |             |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |             |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |             |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |             |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |             |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |             |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |             |   |
| Dental                                   |                 |   |                   |   |                           |   |             |   |
| Caries                                   | 2               | 2 | 2                 | 2 |                           |   |             |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |             |   |
| Skin                                     |                 |   |                   |   |                           |   |             |   |
| Scabies                                  |                 |   |                   |   |                           |   |             |   |
| Rash                                     |                 |   |                   |   |                           |   |             |   |
| Eczema                                   |                 |   |                   |   |                           |   |             |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |             |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |             |   |

  
 Signature of HO/AHO  
 Medical Officer  
 (PP-VIII (Ext.)) Balurghat  
 Balurghat Municipality  
 Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

Annexure - V

Balurghat Municipality

Name of School Raghunath  
852  
ward - 23

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 41 | 38       | 38 | 22               | 27 | 16  | 11 |

| 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 |          |   | 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                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Ear : Discharge                          | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             | 1               | - | 1                 | - |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| 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               | 2 | 1                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

  
Signature of HO/AHO  
Medical Officer  
IPP-VIII (Extn.) Balurghat  
Balurghat Municipality  
Durgam Durgam.



*Signature*

School- wise Report on Health Check-Up of Students

*Balasore* Municipality

Name of School *Rajkumarpur SSK*  
*ward - 23*

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 40 | 38       | 37 | 29               | 25 | 19  | 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                 | 3 |          |   | 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                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Ear : Discharge                          | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             | -               | 1 | -                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

*Signature*  
Signature of HO/AHO

Medical Officer  
IPP-VIII (Exam.) Balasore  
Balasore Municipality  
Balasore District



*Signature*

School- wise Report on Health Check-Up of Students

*Balurghat* Municipality

Name of School *Atoi Colony*  
*ward - 23*

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

| No. of Students  |                  |          |    | Status of Health |    |     |    |
|------------------|------------------|----------|----|------------------|----|-----|----|
| Enrolled         |                  | Examined |    | Healthy          |    | Ill |    |
| M                | F                | M        | F  | M                | F  | M   | F  |
| <del>30</del> 10 | <del>40</del> 30 | 38       | 39 | 22               | 27 | 16  | 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                 | 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                      | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Ear : Discharge                          | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 1 | 1                 | 1 |                           |   | 1            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*Signature*  
Signature of HO/AHO  
Medical Officer

IPP-VIII ( Extn. ) Balurghat  
Balurghat Municipality  
Dakshin Dinajpur.



2

100

Annexure - V

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

**Balurghat Municipality**

Name of School


Milanpalby SSK  
Raghunath SSK  
ward - 23

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 43 | 37       | 40 | 21               | 28 | 16  | 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                 | 3 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | - | 2                 | - |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <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                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
**Signature of HO/AHO**  
 Medical Officer  
 IPP-VIII (Extn.) Balurghat  
 Balurghat Municipality  
 Dakshin Dinajpur.





3

School- wise Report on Health Check-Up of Students

Baharghat Municipality


Name of School Alabargui Abba  
Smriti  
Ward - 22

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 42 | 38       | 39 | 24               | 26 | 14  | 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 |
| 2                 | 3 |          |   | 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                      | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Ear : Discharge                          | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
Signature of HO/AHO  
Medical Officer  
PP-VIII (Extn.) Baharghat  
Baharghat Municipality  
Dakshin Dinajpur.



*RS*

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

102  
Annexure - V

Municipality


Name of School Rebach Kautu Smriti  
ward - 22

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 40 | 38       | 37 | 25               | 26 | 13  | 11 |

| 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                 | 3 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             | -               | 1 | -                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
**Signature of HO/AHO**  
 Medical Officer  
 (PP-VIII (Extn.) Bahurghat  
 Bahurghat Municipality  
 Dakshin Dinajpur.



*RL*

School- wise Report on Health Check-Up of Students

*Baharghat* Municipality

Name of School *Anil Chandra Smriti*  
ward 22

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 12 | 38       | 40 | 29               | 28 | 14  | 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 |
| 2                 | 3 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 2               | 2 | 2                 | 2 |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | - | 1                 | - |                           |   |              |   |
| Impacted Wax                             | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*RL*  
Signature of HO/AHO  
Medical Officer  
IPP-VIII ( Extn. ) Baharghat  
Baharghat Municipality  
Dakshin Dinajpur.



*[Handwritten Signature]*

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Annexure - V

School- wise Report on Health Check-Up of Students

*Balurghat* Municipality

Name of School *Rina Pahalurghat*

*Ward - 16*

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 39              | 41 | 37       | 38 | 23               | 24 | 14  | 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 |
| 2                 | 3 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 4 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*[Handwritten Signature]*  
 Signature of HO/AHO  
 Medical Officer  
 (PP-VIII (Extra) Balurghat  
 Balurghat Municipality  
 Cuttack District.



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Annexure - V

School-wise Report on Health Check-Up of Students

Balurghat Municipality

Name of School Sukanta Smriti SSK

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

ward - 15

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 40 | 38       | 37 | 24               | 26 | 14  | 11 |

| 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                 | 3 |          |   | 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               | - | 1                 | - |                           |   |             |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |             |   |
| Ear : Discharge                          | 1               | - | 1                 | - |                           |   |             |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |             |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |             |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |             |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |             |   |
| Polyp                                    |                 |   |                   |   |                           |   |             |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |             |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |             |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |             |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |             |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |             |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |             |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |             |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |             |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |             |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |             |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2           | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |             |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |             |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |             |   |
| Rash                                     |                 |   |                   |   |                           |   |             |   |
| Eczema                                   |                 |   |                   |   |                           |   |             |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |             |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |             |   |

Signature of HO/AHO

Medical Officer

(PP-VII) (Extn.) Baharughat  
Baharughat Municipality  
Dakshin Dinajpur.



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School- wise Report on Health Check-Up of Students

*Bahurghat* Municipality

Name of School *Majid Smriti*  
*Word No - 15*

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 41              | 39 | 38       | 37 | 28               | 27 | 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 |
| 3                 | 2 |          |   | 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               | - | 1                 | - |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          | -               | 1 | -                 | 1 |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

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Signature of HO/AHO  
Medical Officer

PP-VIII ( Extn. ) Bahurghat  
Bahurghat Municipality  
Daktari Dinajpur.



School- wise Report on Health Check-Up of Students

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Annexure - V

Bahurgha Municipality

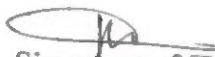
Name of School Vidyasagar S.S.  
Word no 15

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 38              | 42 | 36       | 40 | 21               | 25 | 15  | 15 |

| 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                 | 3 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Conjunctival discharge                   | 1               | 2 | 1                 | 2 |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
Signature of HO/AHO  
Medical Officer  
IPF-VIII (Extn.) Bahurgha  
Bahurgha Municipality  
Dakshin Dinajpur.



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Annexure - V

School- wise Report on Health Check-Up of Students

*Bahurghat* Municipality

Name of School *Raja Ram Mohan*  
*Ward - 15 SSK*

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 42              | 50 | 40       | 47 | 25               | 35 | 15  | 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                 | 3 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               | 1               | - |                   | 1 | -                         |   |              |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          | 1               | 2 | 2                 | 1 |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*[Signature]*  
Signature of HO/AHO

Medical Officer  
(PP-VIII ( Extn. ) Bahurghat  
Bahurghat Municipality  
Dakshin Dinajpur.





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Annexure - V

School- wise Report on Health Check-Up of Students

Municipality

Name of School *Shri'bagi ssk*  
*WTD-7*

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

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 34              | 32 | 31       | 30 | 28               | 27 | 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                 | 2 |          |   | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| <b>Ear : Discharge</b>                   | -               | 1 | 1                 | - |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   |                 |   |                   |   |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

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Signature of HO/AHO  
Medical Officer  
IPP-VIII ( Extn. ) Bargarh  
Bargarh Municipality  
Bargarh District.



School-wise Report on Health Check-Up of Students

Annexure - V

Municipality

Name of School Jogomaya SSU  
25/10-14

Period of Examination from 22/10/14 to 28/10/14

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 47              | 50 | 44       | 47 | 39               | 40 | 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 |
| 1                 | 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 |                           |   |              |   |
| <b>Eye : Visual Defect</b>               |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| <b>Ear : Discharge</b>                   | 3               | - | 3                 | - |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose : Discharge</b>                  | 2               | 2 | 2                 | - |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat: Enlarged Tonsil</b>           | 2               | 2 | 2                 | 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                           | -               | 1 | -                 | 1 |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   |                 |   |                   |   |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO

Medical Officer

IPP-VIII ( Extn. ) Belurghat

Belurghat Municipality

Dakshin Dinajpur.

Baranages

Total No of School = 3

Dr. De  
9.9.10

Annexure - VI

School- wise Report on Health Check-Up of Students

Baranagar Municipality

Name of School M.S.B.K.F.P. School,  
Unit No-3, WARD NO-11

Period of Examination from 8.1.10 to 9.1.2010

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 40              | 46 | 40       | 36 | 22               | 21 | 18  | 15 |

| 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                 | - |          |   | 6    | 7 | -               | - | -                    | - | 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                      | 5               | 5 | 5                 | 5 |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 | 1 | -                 | 1 |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  | 3               | 1 | 3                 | 1 |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 3               | 3 | 3                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | 2               | 3 | 2                 | 3 |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 5               | 6 | 5                 | 6 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 | 1 |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |



09/09/10

Signature of HO/AHO  
Health Officer  
Baranagar Municipality

NB: 05 NOS are ill - Dental, eye both.

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

Municipality

Name of School Alamba 2011 Urdu

Period of Examination from..... on 21.01.2010 to .....

SCHOOL. ward NO -12, (Primary)

| No. of Students |     |          |    | Status of Health |   |     |   |
|-----------------|-----|----------|----|------------------|---|-----|---|
| Enrolled        |     | Examined |    | Healthy          |   | Ill |   |
| M               | F   | M        | F  | M                | F | M   | F |
| 225             | 205 | 25       | 17 | 8                | 8 | 17  | 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 |
| 5                 | 6 |          |   | 2    | 2 | -               | - | -                    | - | 10                 | 1 |                     |   |

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

Signature of HO/AHO

Health Officer  
Baranagar Municipality

07/07/10

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

Municipality

Name of School... M.S. B.K. Maitra F.P.

Period of Examination from 08-01-10 to 09-01-2010

School Unit - 03 ward No-30

| No. of Students |     |          |     | Status of Health |     |     |     |
|-----------------|-----|----------|-----|------------------|-----|-----|-----|
| Enrolled        |     | Examined |     | Healthy          |     | Ill |     |
| M               | F   | M        | F   | M                | F   | M   | F   |
| 257             | 230 | 220      | 218 | 117              | 102 | 103 | 116 |

| 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 |
| 70                | 84 | -        | - | 05   | 08 | -               | - | 02                   | 03 | 26                 | 21 | -                   | - |

| Salient Findings of Systemic Examination | No. of Students |    |                            |    | Lab Investigation Advised |   | No. Referred |    |
|--|-----------------|----|----------------------------|----|---------------------------|---|--------------|----|
|  | Affected        |    | Treated at School at ESOPD |    | M                         | F | M            | F  |
|  | M               | F  | M                          | F  |                           |   |              |    |
| Eye : Visual Defect                      | 35              | 32 | 35                         | 34 |                           |   | -            | 01 |
| Conjunctival discharge                   |                 |    |                            |    |                           |   |              |    |
| Ear : Discharge                          | 08              | 08 | 08                         | 08 |                           |   |              |    |
| Impacted Wax                             | -               |    |                            |    |                           |   |              |    |
| Hearing Defect                           |                 |    |                            |    |                           |   |              |    |
| Nose : Discharge                         | 05              | 02 | 05                         | 02 |                           |   |              |    |
| Deviated Nasal Septum                    |                 |    |                            |    |                           |   |              |    |
| Polyp                                    |                 |    |                            |    |                           |   |              |    |
| Throat: Enlarged Tonsil                  | 05              | 04 | 05                         | 04 |                           |   |              |    |
| <b>Respiratory System</b>                |                 |    |                            |    |                           |   |              |    |
| Productive Cough                         | 06              | 10 | 04                         | 08 |                           |   | 02           | 02 |
| Abnormal Breath Sound                    |                 |    |                            |    |                           |   |              |    |
| <b>Cardio Vascular System</b>            |                 |    |                            |    |                           |   |              |    |
| Abnormal Heart Sounds                    | -               | 02 | -                          | 02 |                           |   | -            | 02 |
| <b>Gastro-Intestinal System</b>          |                 |    |                            |    |                           |   |              |    |
| Palpable Liver                           | 08              | 10 | 08                         | 10 |                           |   |              |    |
| Palpable Spleen                          | -               | 02 | -                          | 02 |                           |   |              |    |
| <b>Dental</b>                            |                 |    |                            |    |                           |   |              |    |
| Caries                                   | 36              | 34 | 36                         | 34 |                           |   |              |    |
| Bleeding & Spongy Gum                    | -               | 02 | -                          | 02 |                           |   | -            | 02 |
| <b>Skin</b>                              |                 |    |                            |    |                           |   |              |    |
| Scabies                                  |                 |    |                            |    |                           |   |              |    |
| Rash                                     | -               | 20 | -                          | 20 |                           |   |              |    |
| Eczema                                   |                 |    |                            |    |                           |   |              |    |
| Pyoderma                                 |                 |    |                            |    |                           |   |              |    |
| <b>Psychological Disorder</b>            |                 |    |                            |    |                           |   |              |    |

Signature of HO/AHO

Health Officer  
Baranagar Municipality

Kandi

Annexure - 1

School Health Report on Health Check-Up of Students

Kandi

Municipality 3.3.10

Name of School Jemo Sepran

Period of Examination from 2009 to 2010

| Enrolled |    | Examined |    | Healthy |    | Ill |   |
|----------|----|----------|----|---------|----|-----|---|
| M        | F  | M        | F  | M       | F  | M   | F |
| 26       | 25 | 25       | 12 | 8       | 14 | 17  |   |

| Anaemia         |   |                      |   |                    | Jaundice |                     | Worm |   | Nature of Illness |   |   |   |   |
|-----------------|---|----------------------|---|--------------------|----------|---------------------|------|---|-------------------|---|---|---|---|
| Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |          | Physical Disability |      |   |                   |   |   |   |   |
| M               | F | M                    | F | M                  | F        | M                   | F    |   |                   |   |   |   |   |
| 3               | 2 | N                    | N | 7                  |          | N                   | N    | 2 | 1                 | 3 | 2 | N | N |

| 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                      | N               | N                 | N | N |                           |   |              |   |
| Conjunctival discharge                   |                 |                   |   |   |                           |   |              |   |
| Ear : Discharge                          | 1               | 1                 | 1 | 1 |                           |   |              |   |
| Impacted Wax                             | 4               | 2                 | 4 | 2 |                           |   |              |   |
| Hearing Defect                           |                 |                   |   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 1                 | 2 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |                   |   |   |                           |   |              |   |
| Polyp                                    |                 |                   |   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |                   |   |   |                           |   |              |   |
| Respiratory System                       |                 |                   |   |   |                           |   |              |   |
| Productive Cough                         | 3               | 2                 | 3 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    |                 |                   |   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |                   |   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |                   |   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |                   |   |   |                           |   |              |   |
| Palpable Liver                           | 2               | 1                 | 2 | 1 |                           |   |              |   |
| Palpable Spleen                          |                 |                   |   |   |                           |   |              |   |
| Dental                                   |                 |                   |   |   |                           |   |              |   |
| Caries                                   | 4               | 2                 | 4 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    | 1               | 1                 | 1 | 1 |                           |   |              |   |
| Skin                                     |                 |                   |   |   |                           |   |              |   |
| Scabies                                  | 1               | 2                 | 1 | 2 |                           |   |              |   |
| Rash                                     | 1               | 1                 | 1 | 1 |                           |   |              |   |
| Eczema                                   | 1               | 1                 | 1 | 1 |                           |   |              |   |
| Pyoderma                                 |                 |                   |   |   |                           |   |              |   |
| Psychological Disorder                   |                 |                   |   |   |                           |   |              |   |

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Signature of HO/AHC

School Wise Report on Health Check-Up of Students

Municipality **Kandi** 4-9-10  
 Period of Examination from 29 to 20/10

Name of School **Ramkrishna Prishol**

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 28              | 27 | 28       | 27 | 8                | 7 | 20  | 20 |

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

| Salient Findings of Systemic Examination | No. of Students |   |                   |   | Lab Investigation Advised |   | No. of Referrals |   |
|--|-----------------|---|-------------------|---|---------------------------|---|------------------|---|
|  | Affected        |   | Treated at School |   | M                         | F | M                | F |
|  | M               | F | M                 | F |                           |   |                  |   |
| <b>Eye : Visual Defect</b>               |                 |   |                   |   |                           |   |                  |   |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 |                           |   |                  |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |                  |   |
| Impacted Wax                             | 5               | 4 | 5                 | 4 |                           |   |                  |   |
| Hearing Defect                           | 1               | 1 | 1                 | 1 |                           |   | 1                | 1 |
| <b>Nose : Discharge</b>                  |                 |   |                   |   |                           |   |                  |   |
| Deviated Nasal Septum                    | 8               | 5 | 8                 | 5 |                           |   |                  |   |
| Polyp                                    |                 |   |                   |   |                           |   |                  |   |
| <b>Throat: Enlarged Tonsil</b>           |                 |   |                   |   |                           |   |                  |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |                  |   |
| Productive Cough                         | 4               | 3 | 4                 | 3 |                           |   |                  |   |
| Abnormal Breath Sound                    | 1               | 1 | 1                 | 1 |                           |   | 1                | 1 |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |                  |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |                  |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |                  |   |
| Palpable Liver                           | 3               | 2 | 3                 | 2 |                           |   |                  |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |                  |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |                  |   |
| Caries                                   | 7               | 4 | 7                 | 4 |                           |   |                  |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |                  |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |                  |   |
| Scabies                                  | 3               | 1 | 3                 | 1 |                           |   |                  |   |
| Rash                                     | 1               | 2 | 1                 | 2 |                           |   |                  |   |
| Eczema                                   |                 |   |                   |   |                           |   |                  |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |                  |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |                  |   |

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 Signature of HO/AI

School-wise Report on Health Check-Up of Students

Kandi

Municipality

Name of School

Sarawari  
Dewi Rajan

Period of Examination : 2009 to 2010

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 40              | 28 | 40       | 28 | 15               | 8 | 25  | 20 |

| Nature of Illness |   |          |   |                 |   |                      |   |                    |   |             |
|-------------------|---|----------|---|-----------------|---|----------------------|---|--------------------|---|-------------|
| Anaemia           |   | Jaundice |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Phys. Disal |
| M                 | F | M        | F | M               | F | M                    | F | M                  | F | M           |
| 5                 | 3 | N        | N | 9               | 2 | 1                    | 3 | 2                  | 2 | 1           |

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

K. Duth  
Signature of HO



School-wise Report on Health Check-Up of Students

Kandhi

Municipality 6310

Name of School Mansarovar P.S. School

Period of Examination from 2009 to 2010

| No. of Students |    |          | Status of Health |   |     |    |    |
|-----------------|----|----------|------------------|---|-----|----|----|
| Enrolled        |    | Examined | Healthy          |   | Ill |    |    |
| M               | F  |          | M                | F | M   | F  |    |
| 30              | 22 | 30       | 22               | 8 | 7   | 22 | 14 |

| Anaemia |   | Jaundice |   | Worm |   | Night Blindness |
|---------|---|----------|---|------|---|-----------------|
| M       | F | M        | F | M    | F |                 |
| 2       | 1 | N        | N | 6    | 3 | N               |

| Nature of Illness |   |                      |   |                    |   |                     |   |
|-------------------|---|----------------------|---|--------------------|---|---------------------|---|
| Night Blindness   |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |
| M                 | F | M                    | F | M                  | F | M                   | F |
| N                 | N | 2                    | 2 | 1                  | 3 | N                   | N |

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

Signature of HO/AHC

Annexure - 1

School-wise Report on Health Check-Up of Students

Kandi Municipality

7.3.10

Name of School Anandamang Poo Sam

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 35              | 30 | 35       | 30 | 12               | 8 | 23  | 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 |
| 4                 | 3 | N        | N | 9    | 8 | N               | N | 3                    | 2 | 2                  | 2 | N                   | N |

| 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                      | N               | N | N                 | N |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Impacted Wax                             | 5               | 3 | 5                 | 3 |                           |   |              |   |
| Hearing Defect                           | 1               | 1 | 1                 | 1 |                           |   | 1            | 1 |
| Nose : Discharge                         | 4               | 2 | 4                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 4               | 2 | 4                 | 2 |                           |   |              |   |
| Abnormal Breath Sound                    | 1               | N | 1                 | N |                           |   |              | 1 |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | 3               | 1 | 3                 | 1 |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 4               | 2 | 4                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Rash                                     | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Eczema                                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHC

School-wise Report on Health Check-Up of Students

Kandi Municipality 8.3.10

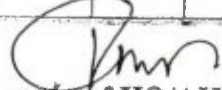
Name of School: Vivekananda P.H. School

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 36              | 28 | 36       | 28 | 12               | 9 | 24  | 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                   |   |
| 4                 | 2 | N        | N | 6    | 5 | N               | 2                    | 1 | 2                  | 1 | N                   | N |

| 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                      | N               | N | N                 | N |                           |   |              |   |
| Conjunctival discharge                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Ear : Discharge                          | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Impacted Wax                             | 4               | 2 | 4                 | 2 |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 4               | 3 | 4                 | 3 |                           |   |              |   |
| Abnormal Breath Sound                    | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    | 1               | 1 | 1                 | 1 |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
Signature of HO/AHC

School- wise Report on Health Check-Up of Students

Kanalsi Municipality 9.3.10

Name of School Fr. Baxer English School

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 32              | 24 | 32       | 24 | 12               | 8 | 20  | 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                 | 1 | N        | N | 7    | 4 | N               | N | 3                    | 2 | 1                  | 2 | N                   | N |

| Salient Findings of Systemic Examination | No. of Students   |   |   |   | Lab Investigation Advised |  | No. Referred |  |
|--|-------------------|---|---|---|---------------------------|--|--------------|--|
|  | Treated at School |   |   |   |                           |  |              |  |
|  | M                 | F | M | F |                           |  |              |  |
| Eye : Visual Defect                      | N                 | N |   |   |                           |  |              |  |
| Conjunctival discharge                   | 1                 | 2 | 1 | 2 |                           |  |              |  |
| Ear : Discharge                          | 1                 | 1 | 1 | 1 |                           |  |              |  |
| Impacted Wax                             | 3                 | 2 | 3 | 2 |                           |  |              |  |
| Hearing Defect                           | N                 | N | N | N |                           |  |              |  |
| Nose : Discharge                         | 5                 | 3 | 5 | 3 |                           |  |              |  |
| Deviated Nasal Septum                    |                   |   |   |   |                           |  |              |  |
| Polyp                                    |                   |   |   |   |                           |  |              |  |
| Throat: Enlarged Tonsil                  |                   |   |   |   |                           |  |              |  |
| 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                                   | 3                 | 2 | 3 | 2 |                           |  |              |  |
| Bleeding & Spongy Gum                    | 1                 | 1 | 1 | 1 |                           |  |              |  |
| Skin                                     |                   |   |   |   |                           |  |              |  |
| Scabies                                  | 2                 | 1 | 2 | 1 |                           |  |              |  |
| Rash                                     | 1                 | 1 | 1 | 1 |                           |  |              |  |
| Eczema                                   | 1                 | 2 | 1 | 2 |                           |  |              |  |
| Pyoderma                                 |                   |   |   |   |                           |  |              |  |
| Psychological Disorder                   |                   |   |   |   |                           |  |              |  |

Signature of HO/AHC

School-wise Report on Health Check-Up of Students

Kandi Municipality 15-3-10  
19 2010


Name of School Little Star Learning School

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

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 40              | 22 | 40       | 22 | 15               | 7 | 25  | 15 |

| Nature of Illness |   |          |   |                 |   |                      |   |                    |   |                     |   |   |
|-------------------|---|----------|---|-----------------|---|----------------------|---|--------------------|---|---------------------|---|---|
| Anaemia           |   | Jaundice |   | Night Blindness |   | Iodine Def. Disorder |   | Vit. Def. Disorder |   | Physical Disability |   |   |
| M                 | F | M        | F | M               | F | M                    | F | M                  | F | M                   | F |   |
| 5                 | 2 | N        | N | 9               | N | N                    | 4 | 2                  | 4 | 3                   | N | N |

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

  
Signature of HO/

# OFFICE OF THE COUNCILLORS

Jiaganj - Azimganj Municipality  
P.O. Azimganj : : Dist. Murshidabad  
Phone No. (03483) 253222

Memo No-15/EN/XXI/SH/CBPHCS

Date-01.07.2010

*No. of School = 30*

To  
The Project Director,  
KUSP  
(Change Management Unit)  
ILGUS Bhavan  
HC- Block, Sector-3  
Bidhannagar  
Kolkata-700106

Sub:- Report of Completion of School Health Programme for the Year  
2009-2010 and Implementation of the Programme For the ~~2011~~ Year.

Sir,

I have the honour to State that School wise Health report for the Year 2009-2010 are attached herewith for your Perusal. It is for Further information that 2nd years Programme is going to be implemented as per Govt.order very soon.

Yours faithfully

*[Signature]*  
Chairman 1.7.10

Jiaganj - Azimganj Municipality

School wise Report on Health Check Up of Students

Jiaganj - Azimganj Municipality 25.1.10

Name of School B.E.S.N.G.G.S.F Primary School.

Period of Examination from 2009.. to 2010...

| No. of Students |    |          |    | Status of Health |    |     |    |   |   |
|-----------------|----|----------|----|------------------|----|-----|----|---|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |   |   |
| M               | F  | M        | F  | M                | F  | M   | F  |   |   |
| 57              | 58 | 45       | 48 | 48               | 39 | 48  | 43 | 6 | 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   |
| Nil               | Nil | Nil      | Nil | 6    | 5 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | Nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | Nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Rash                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO

School-wise Report on Health Check-Up of Students

Jiaganj - Aziganj Municipality  
 27.01.10

Name of School, Sukendra Nandan  
 - an girls primary school.

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

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 67              | 40 | 66       | 39 | <del>66</del> 59 | 33 | 7   | 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   |
| Nil               | Nil | Nil      | Nil | 7    | 6 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | Nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | Nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Rash                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO



School-wise Report on Health Check Up of Students

Jiaganj - Ajungang Municipality 29.01.10  
 Period of Examination from 2009 to 2010...

Name of School: Harinayan Ghosh Prathamik Vidyalaya.

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 77              | 78 | 70       | 62 | 69               | 51 | 12  | 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   |
| Nil               | Nil | Nil      | Nil | 11   | 9 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Conjunctival discharge                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Productive Cough                         | 1               | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Scabies                                  | Nil             | 1   | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |

Signature of HO/AHO

School-wise Report on Health Check-Up of Students

Jiaganj - Azimganj Municipality 01.02.10

Name of School Enatulikeag Prathamik vidyalaya.

Period of Examination from 2009 to 2010...

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 66              | 41 | 66       | 39 | 66               | 39 | 9   | 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   |
| Nil               | Nil | Nil      | Nil | 9    | 7 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | Nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | Nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Rash                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO

School-wise Report on Health Check Up of Students

Liagam - Azimganj Municipality 03.02.10

Name of School, Sourendra Mohan Primary School.

Period of Examination from 2009.. to 2010...

| No. of Students |    |          |    | Status of Health |    |     |     |
|-----------------|----|----------|----|------------------|----|-----|-----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |     |
| M               | F  | M        | F  | M                | F  | M   | F   |
| 78              | 26 | 78       | 26 | 77               | 21 | 11  | Nil |

| 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   |
| Nil               | Nil | Nil      | Nil | 10   | 5 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Conjunctival discharge                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Productive Cough                         | 1               | Nil | 1                 | Nil | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Scabies                                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |

Signature of HO/AHO



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

Jiaganj - Azimganj Municipality

5-02-10

Name of School: Kashiganj  
Padamabala Halden Primary  
School.

Period of Examination from 2009 to 2010...

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 76              | 88 | 67       | 71 | 67               | 57 | Nil | 10 |
|                 |    |          |    |                  |    | Nil | 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   |
| Nil               | Nil | Nil      | Nil | 8    | 6 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Conjunctival discharge                   | 2               | 2   | 2                 | 2   | Nil                       | Nil | 2            | 2   |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Productive Cough                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Scabies                                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |

B<sub>s</sub>

Signature of HO/AHO

School-wise Report on Health Check Up of Students

Jiaganj - Azimganj Municipality  
 Period of Examination from ~~2009~~ <sup>8.02.10</sup> to 2010...

Name of School: Dechipur G.S.F. Primary School.

| No. of Students |    |          |    | Status of Health |    |     |     |
|-----------------|----|----------|----|------------------|----|-----|-----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |     |
| M               | F  | M        | F  | M                | F  | M   | F   |
| 53              | 80 | 26       | 68 | 26               | 68 | nil | nil |

| 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   |
| nil               | nil | nil      | nil | nil  | nil | nil             | nil | nil                  | nil | nil                | nil | 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                      | nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | nil             | — | —                 | — | —                         | — | —            | — |
| Rash                                     | nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | nil             | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO

School- wise Report on Health Check-Up of Students

Jhagarij - Azimganj Municipality

Name of School *Delaipura M.B.D Primary School.*

Period of Examination from *2009* to *2010*...

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 82              | 67 | 73       | 66 | 72               | 66 | 7   | 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   |
| Nil               | Nil | Nil      | Nil | 6    | 5 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil | Nil |
| Conjunctival discharge                   | 1               | Nil | Nil               | Nil | Nil                       | Nil | Nil          | 1   | Nil |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Productive Cough                         | 1               | 1   | 1                 | 1   | Nil                       | Nil | Nil          | Nil | Nil |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Scabies                                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |

Signature of HO/AHO

School-wise Report on Health Check Up of Students

Jaganj-Azimpanj Municipality 11-02-10

(9) Name of School *Bikendra Singh Singhi Primary School.*

Period of Examination from *2009* to *2010*

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 60              | 68 | 54       | 62 | 54               | 68 | 62  | 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   |
| Nil               | Nil | Nil      | Nil | 6    | 5 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | Nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | Nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Rash                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO

Annexure - VI

School-wise Report on Health Check Up of Students

Jiaganj - Azimganj Municipality 02.10

Name of School Harinakayan Singh Primary School.

Period of Examination from 2009.12 to 2010.

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 70              | 80 | 59       | 53 | 58               | 48 | 10  | 15 |

| 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   |
| Nil               | Nil | Nil      | Nil | 6    | 3 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Conjunctival discharge                   | 3               | 1   | 3                 | 1   | Nil                       | Nil | 3            | 1   |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Productive Cough                         | 1               | Nil | 1                 | Nil | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Scabies                                  | Nil             | 1   | Nil               | 1   | Nil                       | Nil | Nil          | Nil |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |

Signature of HO/AHO



School-wise Report on Health Check-Up of Students

Tiagaraj-Azinganj Municipality  
 Period of Examination from 2009 to 2010..

Name of School Tiagaraj - Preasna  
 Nr Das Primary School.

| No. of Students |    |          |    | Status of Health |      |     |   |
|-----------------|----|----------|----|------------------|------|-----|---|
| Enrolled        |    | Examined |    | Healthy          |      | Ill |   |
| M               | F  | M        | F  | M                | F    | M   | F |
| 46              | 55 | 31       | 39 | 3125             | 3935 | 6   | 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   |
| Nil               | Nil | Nil      | Nil | 6    | 3 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil | Nil |
| Conjunctival discharge                   | Nil             | 1   | Nil               | Nil | Nil                       | Nil | Nil          | Nil | 1   |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Productive Cough                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Scabies                                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |

Signature of HO/AHO

School-wise Report on Health Check Up of Students

Jiaganj - Azimganj Municipality

Name of School Pulkishore Britam  
Sing S.S.F. Primary School.

Period of Examination from 2009 to 2010...

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 50              | 48 | 21       | 14 | 21               | 11 | Nil | 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   |
| Nil               | Nil | Nil      | Nil | 5    | 3 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Conjunctival discharge                   | 5               | Nil | Nil               | 5   | Nil                       | Nil | Nil          | 5   |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Productive Cough                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Scabies                                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |

  
Signature of HO/AHO

School-wise Report on Health Check-Up of Students

Jiagamj - Ajiungari Municipality

Name of School Raja Bijoy Singh Primary School.

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 32              | 47 | 31       | 40 | 31               | 25 | 40  | 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   |
| Nil               | Nil | Nil      | Nil | 6    | 4 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | Nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | Nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Rash                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO



School-wise Report on Health Check Up of Students

Jiaganj - Ajjanganj Municipality 18.02.10

Name of School Kamala Kannir Primary School.

Period of Examination from 2009 to 2010.

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 63              | 64 | 37       | 49 | 37               | 23 | 14  | 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 |
| Nil               | Nil | Nil      | Nil | 8    | 5 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | Nil                 | 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                      | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil | Nil |
| Conjunctival discharge                   | 6               | 2   | Nil               | Nil | Nil                       | Nil | 6            | 2   | Nil |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Productive Cough                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Scabies                                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   | —   |

Handwritten signature of the Health Officer/AHO.

Signature of HO/AHO

School-wise Report on Health Check-Up of Students

Jiaganj - Azinganj Municipality

Name of School Padampur G.S.F. Primary School.

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |    |     |     |
|-----------------|----|----------|----|------------------|----|-----|-----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |     |
| M               | F  | M        | F  | M                | F  | M   | F   |
| 59              | 69 | 45       | 50 | 48               | 39 | 58  | 43  |
|                 |    |          |    |                  |    | nil | nil |

| 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   |
| nil               | nil | nil      | nil | 6    | 7 | nil             | nil | nil                  | nil | nil                | nil | 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                      | nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | nil             | — | —                 | — | —                         | — | —            | — |
| Rash                                     | nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | nil             | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO



School-wise Report on Health Check-Up of Students

Jiaganj - Azingaj Municipality

Name of School: Jiaganj - G.S.F. Primary School.

Period of Examination from 2009 to 2010.

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 55              | 50 | 47       | 33 | 47               | 37 | 10  | 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   |
| Nil               | Nil | Nil      | Nil | 10   | 5 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | Nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | Nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Rash                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO

School-wise Report on Health Check-Up of Students

Jiaganj - Ajimangj Municipality <sup>2309/10</sup>


Name of School Manichapara Primary School.

Period of Examination from 2009 to 2010

| No. of Students |     |          |     | Status of Health |     |     |    |
|-----------------|-----|----------|-----|------------------|-----|-----|----|
| Enrolled        |     | Examined |     | Healthy          |     | Ill |    |
| M               | F   | M        | F   | M                | F   | M   | F  |
| 180             | 191 | 170      | 182 | 168              | 187 | 23  | 14 |
|                 |     |          |     | 145              | 167 |     |    |

| 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   |
| Nil               | Nil | Nil      | Nil | 15   | 13 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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 : Visual Defect</b>               |                 |     |                   |     |                           |     |              |     |
| Conjunctival discharge                   | 6               | Nil | 6                 | Nil | Nil                       | Nil | 6            | Nil |
| <b>Ear : Discharge</b>                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| <b>Nose : Discharge</b>                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| <b>Throat: Enlarged Tonsil</b>           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| <b>Respiratory System</b>                | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Productive Cough                         | 2               | Nil | 2                 | Nil | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| <b>Cardio Vascular System</b>            | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| <b>Gastro-Intestinal System</b>          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| <b>Dental</b>                            | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| <b>Skin</b>                              | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Scabies                                  | Nil             | 1   | Nil               | 1   | Nil                       | Nil | Nil          | Nil |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |

  
Signature of HO/AHO

School-wise Report on Health Check-Up of Students

Jiaganj - Azimganj Municipality 24-02-10

Name of School Begumganj Sudhin Kr. Mondal Primary School.

Period of Examination from 2009 to 2010...

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 32              | 36 | 29       | 30 | 26               | 28 | 11  | 3  |
|                 |    |          |    | 15               | 17 |     | 11 |

| 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   |
| Nil               | Nil | Nil      | Nil | 8    | 9 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Conjunctival discharge                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Ear : Discharge                          | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Impacted Wax                             | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Hearing Defect                           | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Nose : Discharge                         | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Deviated Nasal Septum                    | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Polyp                                    | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Throat: Enlarged Tonsil                  | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Respiratory System                       | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Productive Cough                         | 2               | 2   | 2                 | 2   | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Cardio Vascular System                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Abnormal Heart Sounds                    | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Gastro-Intestinal System                 | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Palpable Liver                           | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Palpable Spleen                          | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Dental                                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Caries                                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Bleeding & Spongy Gum                    | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Skin                                     | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Scabies                                  | 1               | Nil | 1                 | Nil | Nil                       | Nil | Nil          | Nil |
| Rash                                     | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Eczema                                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Pyoderma                                 | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Psychological Disorder                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |

Signature of HO/AHO



School-wise Report on Health Check Up of Students

Jiaganj - Azimganj Municipality <sup>25-02-10</sup>

Name of School Goleindapur Starigan Primary School.

Period of Examination from 2009.. to 2010....

| No. of Students |    |          |    | Status of Health    |                     |     |    |
|-----------------|----|----------|----|---------------------|---------------------|-----|----|
| Enrolled        |    | Examined |    | Healthy             |                     | Ill |    |
| M               | F  | M        | F  | M                   | F                   | M   | F  |
| 55              | 65 | 34       | 37 | <del>32</del><br>20 | <del>35</del><br>25 | 17  | 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   |
| Nil               | Nil | Nil      | Nil | 10   | 8 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Conjunctival discharge                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Productive Cough                         | 2               | Nil | 2                 | Nil | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Scabies                                  | Nil             | 1   | Nil               | 1   | Nil                       | Nil | Nil          | Nil |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |

Signature of HO/AHO

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

Jeaganj - Azinganj Municipality

Name of School Prem Kumari  
Ballika Primary School.Period of Examination from 2009<sup>26.02.10</sup> to 2010

| No. of Students |    |          |    | Status of Health |          |     |    |
|-----------------|----|----------|----|------------------|----------|-----|----|
| Enrolled        |    | Examined |    | Healthy          |          | Ill |    |
| M               | F  | M        | F  | M                | F        | M   | F  |
| 59              | 63 | 47       | 42 | 45<br>34         | 40<br>31 | 211 | 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   |
| Nil               | Nil | Nil      | Nil | 8    | 7 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | Nil | —                 | —   | —                         | — | —            | —   |
| Conjunctival discharge                   | 1               | Nil | 1                 | —   | —                         | — | 1            | Nil |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Productive Cough                         | 2               | Nil | 2                 | Nil | —                         | — | —            | —   |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Scabies                                  | Nil             | 2   | Nil               | 2   | —                         | — | —            | —   |
| Rash                                     | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | — | —            | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | — | —            | —   |

Signature of HO/AHO

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

Jiaganj-Ajainyari Municipality

Name of School Lohaganj Gourinani  
G.S.F. Primary School.Period of Examination from 2009<sup>2.03.10</sup> to 2010....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 75              | 78 | 65       | 70 | 48               | 59 | 16  | 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   |
| Nil               | Nil | Nil      | Nil | 15   | 9 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Productive Cough                         | 1               | Nil | 1                 | Nil | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Dental                                   | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Caries                                   | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Skin                                     | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Scabies                                  | Nil             | 1   | Nil               | 1   | —                         | — | —            | — |
| Rash                                     | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | — | —            | — |

Signature of HO/AHO

School-wise Report on Health Check-Up of Students

Tiagamj - Azinganj Municipality

Name of School Azinganj G.S.F.  
Primary School.

Period of Examination from <sup>4-07-10</sup> 2009 to 2010....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 45              | 36 | 39       | 32 | 35               | 30 | 4   | 13 |
|                 |    |          |    | 22               | 21 |     | 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   |
| Nil               | Nil | Nil      | Nil | 9    | 7 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | Nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | Nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | 2               | 1 | 2                 | 1 | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | 2               | 1 | 2                 | 1 | —                         | — | —            | — |
| Rash                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | — | —                 | — | —                         | — | —            | — |

  
Signature of HO/AHO

School-wise Report on Health Check Up of Students

Triaganj - Azimganj Municipality 5-03-10

Name of School Azimganj Girl's Primary School.

Period of Examination from 2009 to 2010...

| No. of Students |     |          |    | Status of Health |    |     |    |
|-----------------|-----|----------|----|------------------|----|-----|----|
| Enrolled        |     | Examined |    | Healthy          |    | Ill |    |
| M               | F   | M        | F  | M                | F  | M   | F  |
| 120             | 116 | 103      | 96 | 100              | 92 | 23  | 14 |
|                 |     |          |    | 77               | 78 |     |    |

| 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   |
| Nil               | Nil | Nil      | Nil | 20   | 10 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | Nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | Nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | 2               | 3 | 2                 | 3 | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | 1               | 1 | 1                 | 1 | —                         | — | —            | — |
| Rash                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | — | —                 | — | —                         | — | —            | — |

Signature of HO/AHO

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

Tiagaraj - Azimganj Municipality

Name of School Azimganj Ray Borth -  
Singh Primary School.

Period of Examination from 2009 to 2010...

| No. of Students |    |          |    | Status of Health |          |     |   |
|-----------------|----|----------|----|------------------|----------|-----|---|
| Enrolled        |    | Examined |    | Healthy          |          | Ill |   |
| M               | F  | M        | F  | M                | F        | M   | F |
| 26              | 36 | 24       | 33 | 25<br>17         | 30<br>24 | 6   | 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   |
| Nil               | Nil | Nil      | Nil | 5    | 3 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | Nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | Nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | 1               | 2 | 1                 | 2 | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | Nil             | 1 | Nil               | 1 | —                         | — | —            | — |
| Rash                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | — | —                 | — | —                         | — | —            | — |



Signature of HO/AHO



School-wise Report on Health Check-Up of Students

Jiaganj - Azimganj Municipality 12.03.10

Name of School Satya Saba Primary School.

Period of Examination from 2009 to 2010...

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 85              | 78 | 72       | 68 | 68               | 66 | 14  | 27 |
|                 |    |          |    | 54               | 59 |     |    |

| 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   |
| Nil               | Nil | Nil      | Nil | 10   | 5 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | — | —                 | — | —                         | — | —            | — |
| Conjunctival discharge                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Ear : Discharge                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Impacted Wax                             | Nil             | — | —                 | — | —                         | — | —            | — |
| Hearing Defect                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | — | —                 | — | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Polyp                                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | — | —                 | — | —                         | — | —            | — |
| Respiratory System                       | Nil             | — | —                 | — | —                         | — | —            | — |
| Productive Cough                         | 2               | 1 | 2                 | 1 | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Liver                           | Nil             | — | —                 | — | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | — | —                 | — | —                         | — | —            | — |
| Dental                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Caries                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | — | —                 | — | —                         | — | —            | — |
| Skin                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Scabies                                  | 2               | 1 | 2                 | 1 | —                         | — | —            | — |
| Rash                                     | Nil             | — | —                 | — | —                         | — | —            | — |
| Eczema                                   | Nil             | — | —                 | — | —                         | — | —            | — |
| Pyoderma                                 | Nil             | — | —                 | — | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | — | —                 | — | —                         | — | —            | — |

Handwritten signature

Signature of HO/AHO

School-wise Report on Health Check-Up of Students

Tiaganj - Azimganj Municipality 15.03.10

Name of School Kashiganj Primary School.

Period of Examination from 2009 to 2010

| No. of Students |    |          |    | Status of Health |          |     |   |
|-----------------|----|----------|----|------------------|----------|-----|---|
| Enrolled        |    | Examined |    | Healthy          |          | Ill |   |
| M               | F  | M        | F  | M                | F        | M   | F |
| 61              | 80 | 32       | 39 | 30<br>26         | 39<br>36 | 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 |
| Nil               | Nil | Nil      | Nil | Nil  | Nil | Nil             | Nil | Nil                  | Nil | Nil                | Nil | Nil                 | 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                      | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Conjunctival discharge                   | 2               | 2   | 2                 | 2   | —                         | — | 2            | 2 |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Productive Cough                         | 2               | Nil | 2                 | Nil | —                         | — | —            | — |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Dental                                   | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Caries                                   | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Skin                                     | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Scabies                                  | Nil             | Nil | Nil               | Nil | —                         | — | —            | — |
| Rash                                     | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | — | —            | — |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | — | —            | — |

Signature of HO/AHO



Annexure - VI

School-wise Report on Health Check-Up of Students

Tiaganj - Ajiungaj Municipality  
 19.03.10  
 Period of Examination from 2009 to 2010...

Name of School Amarendranath  
 Primary School.

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 78              | 73 | 72       | 68 | 68               | 64 | 43  | 43 |

| 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   |
| Nil               | Nil | Nil      | Nil | Nil  | Nil | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Conjunctival discharge                   | 2               | 2   | Nil               | Nil | Nil                       | Nil | 2            | 2   |
| Ear : Discharge                          | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Impacted Wax                             | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Hearing Defect                           | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Nose : Discharge                         | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Deviated Nasal Septum                    | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Polyp                                    | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Throat: Enlarged Tonsil                  | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Respiratory System                       | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Productive Cough                         | 1               | 1   | 1                 | 1   | -                         | -   | -            | -   |
| Abnormal Breath Sound                    | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Cardio Vascular System                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Abnormal Heart Sounds                    | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Gastro-Intestinal System                 | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Palpable Liver                           | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Palpable Spleen                          | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Dental                                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Caries                                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Bleeding & Spongy Gum                    | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Skin                                     | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Scabies                                  | Nil             | Nil | Nil               | Nil | -                         | -   | -            | -   |
| Rash                                     | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Eczema                                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Pyoderma                                 | Nil             | -   | -                 | -   | -                         | -   | -            | -   |
| Psychological Disorder                   | Nil             | -   | -                 | -   | -                         | -   | -            | -   |

Signature of HO/AHO

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

Tiagaraj-Ajiagaraj Municipality

Name of School Bhagawan Mahalax  
G.S.F. Primary School.Period of Examination from 2009 .. to .. 2010...  
17-03-10

| No. of Students |    |          |    | Status of Health |    |     |     |
|-----------------|----|----------|----|------------------|----|-----|-----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |     |
| M               | F  | M        | F  | M                | F  | M   | F   |
| 30              | 39 | 24       | 15 | 24               | 15 | Nil | Nil |
|                 |    |          |    | 16               | 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   |
| Nil               | Nil | Nil      | Nil | 7    | 5 | Nil             | Nil | Nil                  | Nil | Nil                | Nil | 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                      | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Conjunctival discharge                   | 1               | Nil | 1                 | Nil | 1                         | Nil | 1            | Nil |
| Ear : Discharge                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Impacted Wax                             | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Hearing Defect                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Nose : Discharge                         | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Deviated Nasal Septum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Polyp                                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Throat: Enlarged Tonsil                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Respiratory System                       | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Productive Cough                         | Nil             | Nil | Nil               | Nil | Nil                       | Nil | Nil          | Nil |
| Abnormal Breath Sound                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Cardio Vascular System                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Abnormal Heart Sounds                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Gastro-Intestinal System                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Liver                           | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Palpable Spleen                          | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Dental                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Caries                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Bleeding & Spongy Gum                    | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Skin                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Scabies                                  | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Rash                                     | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Eczema                                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Pyoderma                                 | Nil             | —   | —                 | —   | —                         | —   | —            | —   |
| Psychological Disorder                   | Nil             | —   | —                 | —   | —                         | —   | —            | —   |

Signature of HO/AHO

~~NO. School~~ = 17 RAIGANT Total = 49 + 17 = 66 NOS  
 School-wise Report on Health Check-Up of Students Complete.

RAIGANT Municipality

Name of School Kulik. Nussary.

Period of Examination from 17.02.10 to 18.02.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 62              | 58 | 59       | 56 | 38               | 39 | 21  | 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 |          |   | 5    | 3 |                 |   |                      |   | 4                  | 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                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               |   | 2                 |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 3               | 2 | 3                 | 2 |                           |   | 3            | 2 |
| Bleeding & Spongy Gum                    | 2               | 1 | 2                 |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 3               |   | 3                 |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

18/2/10  
 Signature of HO/AHC

18/2/10

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

Ratganj

Municipality

Name of School... Keshalaya

Period of Examination from 19/12/11 to 23.12.10

| No. of Students |     |          |     | Status of Health |     |     |    |
|-----------------|-----|----------|-----|------------------|-----|-----|----|
| Enrolled        |     | Examined |     | Healthy          |     | Ill |    |
| M               | F   | M        | F   | M                | F   | M   | F  |
| 631             | 641 | 626      | 631 | 589              | 602 | 37  | 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 |
|                   | 2 |          |   | 12   | 10 |                 |   |                      |   | 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                      | 8               | 4 | 8                 | 4 |                           |   | 8            | 4 |
| Conjunctival discharge                   | 4               | 4 | 4                 | 4 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 5               | 3 | 5                 | 3 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    | 2               | - | 2                 | - |                           |   | 2            |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 4 | 1                 | 2 |                           |   | 1            | 2 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     | 2               | - | 2                 | - |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHC  
*[Signature]*  
 23/12/10

*[Signature]*  
 23/12/10

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

*RAIGANT*

Municipality

*15/03/10*

Name of School. *Upendra Mohan Prathamik Vidyalay.*

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

*2*

| No. of Students |           |           |           | Status of Health |           |           |           |
|-----------------|-----------|-----------|-----------|------------------|-----------|-----------|-----------|
| Enrolled        |           | Examined  |           | Healthy          |           | Ill       |           |
| M               | F         | M         | F         | M                | F         | M         | F         |
| <i>35</i>       | <i>39</i> | <i>31</i> | <i>25</i> | <i>23</i>        | <i>18</i> | <i>08</i> | <i>07</i> |

| 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 |
| <i>1</i>          | <i>2</i> |          |   | <i>2</i> | <i>1</i> |                 |   |                      |   |                    | <i>2</i> |                     |   |

| 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                         | <i>2</i>        | <i>1</i> | <i>2</i>          | <i>1</i> |                           |   |              |          |
| Deviated Nasal Septum                    |                 |          |                   |          |                           |   |              |          |
| Polyp                                    |                 |          |                   |          |                           |   |              |          |
| Throat: Enlarged Tonsil                  |                 |          |                   |          |                           |   |              |          |
| <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>                            |                 |          |                   |          |                           |   |              |          |
| Caries                                   | <i>1</i>        | <i>1</i> | <i>1</i>          | <i>1</i> |                           |   |              | <i>1</i> |
| Bleeding & Spongy Gum                    |                 |          |                   |          |                           |   |              |          |
| <b>Skin</b>                              |                 |          |                   |          |                           |   |              |          |
| Scabies                                  | <i>2</i>        | <i>1</i> | <i>2</i>          | <i>1</i> |                           |   |              |          |
| Rash                                     |                 |          |                   |          |                           |   |              |          |
| Eczema                                   |                 |          |                   |          |                           |   |              |          |
| Pyoderma                                 |                 |          |                   |          |                           |   |              |          |
| <b>Psychological Disorder</b>            |                 |          |                   |          |                           |   |              |          |

*15/03/10*  
Signature of HO/AHC

*15/03/10*

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

RAIGANJ Municipality

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

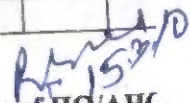
Period of Examination from 16/03/10 to .....



| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 51              | 37 | 38       | 41 | 34               | 37 | 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 |
|                   |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |

| 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               |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| <b>Ear :</b> Discharge                   |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| <b>Nose :</b> Discharge                  | 2               | - | 2                 | - |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| <b>Throat:</b> Enlarged Tonsil           |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | -               | 1 | -                 | 1 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHC  
  
 15/3/10

MS  
16/03/10

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

Raiganj

Municipality

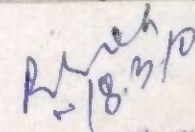
Name of School Sarala Sundari G.S.F.P


Period of Examination from 17.3.10 to 18.3.10

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 88              | 69 | 81       | 67 | 74               | 62 | 7   | 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    | 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            |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

  
 18.3.10  
 Medical Officer,  
 I. P. P. VIII (Extm.)  
 Raiganj.

  
 8/3/10

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

*Raiganj*

Municipality

Name of School... *Telipora Sibbari*

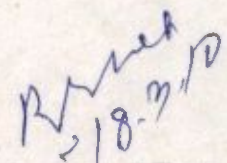
Period of Examination from *18.3.10* to .....



| No. of Students |    |          |    | Status of Health |   |     |   |
|-----------------|----|----------|----|------------------|---|-----|---|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |   |
| M               | F  | M        | F  | M                | F | M   | F |
| 33              | 17 | 33       | 16 | 19               | 8 | 14  | 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 |
|                   |   |          |   | 5    | 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                      | 1               |   | 1                 |   |                           |   | 1            |   |
| Conjunctival discharge                   | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               |   | 2                 |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 1 | 1                 | 1 |                           |   | 1            |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

  
 Medical Officer,  
 I. P. P. VIII (Extn.)  
 Raiganj.

*M/S*  
*18/3/10*



School-wise Report on Health Check-Up of Students

Raiganj Municipality

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

Period of Examination from 19.3.10 to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 45              | 50 | 42       | 50 | 37               | 44 | 5   | 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 |
|                   |   |          |   | 2    | 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                   | -               | 1 | -                 | 1 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 1 | 2                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 1 | 1                 | 1 |                           |   | 1            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | -               | 1 | -                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

19/3/10
   
 Medical Officer,
   
 I. P. P. VIII (Extd.)
   
 Raiganj.

19/3/10

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

*Raiganj* Municipality

Name of School *Raiganj G.S.F.P*

Period of Examination from *20.2.10* to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 25              | 35 | 25       | 33 | 17               | 26 | 8   | 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 |
|                   | 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                      | 1               |   | 1                 |   |                           |   | 1            |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   |                 |   |                   |   |                           |   |              |   |
| Bleeding & Spongy Gum                    | 1               | - | 1                 | - |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*Ramesh*  
20/3/10  
Medical Officer,  
I. P. P. VIII (Extn.)  
Raiganj.

*AS*  
20/3/10

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

Raiganj

Municipality

Name of School

Rohini S.M.S. 6



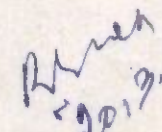
Period of Examination from 22.3.10 to

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 64              | 71 | 59       | 68 | 54               | 61 | 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 |
|                   |   |          |   | 2    | 2 |                 |   |                      |   |                    | 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 |                           |   |              |   |   |
| <b>Eye : Visual Defect</b>               |                 |   |                   |   |                           |   |              |   |   |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |   |
| <b>Ear : Discharge</b>                   |                 |   |                   |   |                           |   |              |   |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |   |
| <b>Nose : Discharge</b>                  | 1               | 1 | 1                 | 1 |                           |   |              |   |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |   |
| Caries                                   | 1               | 2 | 1                 | 2 |                           |   |              | 1 | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |   |

22/3/10

  
 22/3/10  
 Medication,  
 (L) P. NIN (Exp.)  
 100

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

*Raiganj* Municipality

Name of School *North Point K.G. School*

Period of Examination from *23.3.10* to *24.3.10*

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 70              | 78 | 67       | 76 | 53               | 64 | 14  | 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 |          |   | 4    | 2 |                 |   |                      |   | 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                      | 2               |   | 2                 |   |                           |   | 2            |   |
| Conjunctival discharge                   | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 3               | 1 | 3                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              | 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                                   | 1               | 2 | 1                 | 1 |                           |   | 1            | 1 |
| Bleeding & Spongy Gum                    | 1               | - | 1                 | - |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | -               | 1 | -                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

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23.3.10

Medical Officer,  
I. P. P. VIII (Extn)  
Raiganj.

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23/3/10

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

Raiganj Municipality

Name of School *Samadhi vidyabithi*

Period of Examination from *24.3.10* to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 26              | 24 | 25       | 24 | 20               | 16 | 5   | 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    | 2 |                 |   |                      |   | 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 |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 | 2 |                   | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 2 | 1                 | 2 |                           |   | 1            | 2 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | -               | 2 | -                 | 2 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

*Report*  
*24.3.10*  
Medical Officer,  
I. P. P. VIII (Ext.)  
Raiganj

*BNS*  
*24/3/10*

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

Raiganj Municipality

Name of School *Sebinagar Sishu Shiksha Niketan.*

Period of Examination from *25.3.10* to .....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 65              | 72 | 61       | 68 | 57               | 58 | 4   | 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 |
| 1                 |   |          |   | 1    | 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                      | -               | 2 | -                 | 2 |                           |   |              | 2 |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 3 | 1                 | 3 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 1 | 1                 | 1 |                           |   | 1            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | -               | 1 | -                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*Handwritten signature*  
24.3.10

Medical Officer,  
I. P. P. VIII (Extn.)  
Raiganj.

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24/3/10

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

Raiganj

Municipality

Name of School.. Sarada Sishu Mandir

Period of Examination from 26.3.10 to 27.3.10

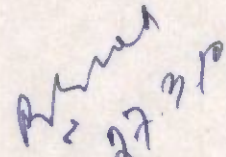
2

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 107             | 98 | 102      | 91 | 92               | 80 | 10  | 11 |

| 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 |                 |   |                      |   | 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                      | 3               | 2 | 3                 | 2 |                           |   | 3            | 2 |
| Conjunctival discharge                   | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    | 1               | - | 1                 | - |                           |   | 1            |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | -               | 2 | -                 | 2 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     | 1               | - | 1                 | - |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

27/3/10

  
 Medical Officer,  
 ( P. P. VIII (Extn.)  
 Raiganj.

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

*Raigani* Municipality

Name of School *Sarada Sishu Tirtha*

Period of Examination from *28.3.10* to *28.3.10*

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 76              | 61 | 74       | 60 | 65               | 53 | 9   | 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 |
|                   |   |          |   | 2    | 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                      | 2               | 1 | 2                 | 1 |                           |   | 2            | 1 |
| Conjunctival discharge                   | 1               | - | 1                 | - |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 1 | 1                 | 1 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <b>Respiratory System</b>                |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    | 2               | - | 2                 | - |                           |   | 2            |   |
| <b>Cardio Vascular System</b>            |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| <b>Gastro-Intestinal System</b>          |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| <b>Dental</b>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | - | 1                 | - |                           |   | 1            |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | -               | 1 | -                 | 1 |                           |   |              |   |
| Rash                                     |                 | 1 |                   | 1 |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

*Ramesh*  
*27/3/10*  
Medical Officer,  
I. P. P. VIII (Extn.)  
Raigani.

*27/3/10*



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

*Raiganj* Municipality

Name of School *Sishu Neer*

Period of Examination from *30.03.10* to .....

| No. of Students |    |          |    | Status of Health |    |     |   |
|-----------------|----|----------|----|------------------|----|-----|---|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |   |
| M               | F  | M        | F  | M                | F  | M   | F |
| 39              | 23 | 39       | 23 | 30               | 18 | 9   | 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    | 2 |                 |   |                      |   | 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                      |                 |   |                   |   |                           |   |              |   |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 | 2 | 1                 | 2 | 1                         |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   |                 | 2 | -                 | 2 | -                         |   |              | 2 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 | - | 1                 | - | 1                         |   |              |   |
| Rash                                     |                 | 1 | -                 | 1 | -                         |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*Rishi*  
Signature of HO/AHC  
30/3/10

*MS*  
30.03.10

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

Raiganj Municipality

Name of School Sishu Bharathi

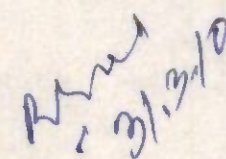
Period of Examination from 29.3.10 to 31.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 60              | 84 | 60       | 84 | 52               | 74 | 8   | 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    | 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                      | 2               | - | 2                 | - |                           |   | 2            |   |
| Conjunctival discharge                   | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | 1 | 1                 | 1 |                           |   | 1            | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     | 1               | - | 1                 | - |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

AS  
31/3/10

  
 Medical Officer,  
 ( P. P. VIII (Ext. I)  
 Raiganj.

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

*Raiganj* Municipality

Name of School *Pranaba Naraini*

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 |
| 62              | 57 | 59       | 56 | 55               | 49 | 4   | 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 |
|                   |   |          |   | 1    | 2 |                 |   |                      |   | 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                      | -               | 2 | -                 | 2 |                           |   |              | 2 |
| Conjunctival discharge                   |                 |   |                   |   |                           |   |              |   |
| Ear : Discharge                          |                 |   |                   |   |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 1               | 2 | 1                 | 2 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |   |                   |   |                           |   |              |   |
| <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>                            |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 1               | - | 1                 | - |                           |   |              | 1 |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| <b>Skin</b>                              |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| <b>Psychological Disorder</b>            |                 |   |                   |   |                           |   |              |   |

*Pranab*  
*31/3/10*

*MAS*  
*31/3/10*

Completed

TOTAL NO 5



Annexure - VI

School- wise Report on Health Check-Up of Students

Berhampore Municipality

Name of School (সার্বজনীন) (৯)

Period of Examination from 03/08/2009

শাহজাদা স্কুল  
Nabadistha (৯)



| No. of Students |    |          |    | Status of Health |   |     |   |
|-----------------|----|----------|----|------------------|---|-----|---|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |   |
| M               | F  | M        | F  | M                | F | M   | F |
| 65              | 63 | 30       | 20 | 2                | 1 | 28  | 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 |
| 5                 | 15 | -        | - | 20   | 15 | -               | - | -                    | - | 10                 | 15 | 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                          | 2               | 2 | 2                 | 2 |                           |   |              |   |
| Impacted Wax                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         | 5               | 7 | 5                 | 7 |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  | -               | 2 | -                 | 2 |                           |   |              |   |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         |                 |   |                   |   |                           |   |              |   |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   | -               | - | -                 | - |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 | -               | - | -                 | - |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 10              | 5 | 10                | 5 |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     | -               | 1 | -                 | 1 |                           |   |              |   |
| Scabies                                  | -               | 1 | -                 | 1 |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   | 1               | - | -                 | 1 |                           |   | 1            | - |

Signature of HO/AHO  
*[Handwritten Signature]*

School- wise Report on Health Check-Up of Students

*Berhampore* Municipality

Name of School - *Krishnath College School.*

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

| No. of Students - <i>392</i> |           |           |           | Status of Health |          |           |          |
|------------------------------|-----------|-----------|-----------|------------------|----------|-----------|----------|
| Enrolled                     |           | Examined  |           | Healthy          |          | Ill       |          |
| M                            | F         | M         | F         | M                | F        | M         | F        |
| <i>44</i>                    | <i>10</i> | <i>44</i> | <i>10</i> |                  | <i>1</i> | <i>44</i> | <i>9</i> |

| 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 |
| <i>1</i>          | <i>1</i> | -        | - | <i>4</i> | <i>1</i> | -               | - | -                    | - | <i>24</i>          | - | -                   | - |

| 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                   | <i>2</i>        | -        | <i>2</i>          | -        |                           |   |              |   |
| Ear : Discharge                          |                 |          |                   |          |                           |   |              |   |
| Impacted Wax                             |                 |          |                   |          |                           |   |              |   |
| Hearing Defect                           |                 |          |                   |          |                           |   |              |   |
| Nose : Discharge                         | <i>3</i>        | <i>5</i> | <i>3</i>          | <i>5</i> |                           |   |              |   |
| Deviated Nasal Septum                    |                 |          |                   |          |                           |   |              |   |
| Polyp                                    |                 |          |                   |          |                           |   |              |   |
| Throat: Enlarged Tonsil                  |                 |          |                   |          |                           |   |              |   |
| Respiratory System                       |                 |          |                   |          |                           |   |              |   |
| Productive Cough                         | <i>5</i>        | -        | <i>5</i>          | -        |                           |   |              |   |
| Abnormal Breath Sound                    |                 |          |                   |          |                           |   |              |   |
| Cardio Vascular System                   |                 |          |                   |          |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |          |                   |          |                           |   |              |   |
| Gastro-Intestinal System                 |                 |          |                   |          |                           |   |              |   |
| Palpable Liver                           |                 |          |                   |          |                           |   |              |   |
| Palpable Spleen                          |                 |          |                   |          |                           |   |              |   |
| Dental                                   | <i>2</i>        | -        | <i>2</i>          | -        |                           |   |              |   |
| Caries                                   | -               | <i>2</i> | -                 | <i>2</i> |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |          |                   |          |                           |   |              |   |
| Skin                                     |                 |          |                   |          |                           |   |              |   |
| Scabies                                  | <i>1</i>        | -        | <i>1</i>          | -        |                           |   |              |   |
| Rash                                     | <i>2</i>        | -        | <i>2</i>          | -        |                           |   |              |   |
| Eczema                                   |                 |          |                   |          |                           |   |              |   |
| Pyoderma                                 |                 |          |                   |          |                           |   |              |   |
| Psychological Disorder                   |                 |          |                   |          |                           |   |              |   |

*[Signature]*  
Signature of HO/AHO

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

Berhampore Municipality

Name of School Nabaragar Radharani GSP

Period of Examination from 28.11.09 to 4.12.09 dt - 13/11/09

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 55              | 65 | 27       | 23 | -                | - | 27  | 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 |
| 11                | 10 | -        | - | 9    | 8 | -               | - | -                    | - | 7                  | 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                             |                 |   |                   |   |                           |   |              |   |
| Hearing Defect                           |                 |   |                   |   |                           |   |              |   |
| Nose : Discharge                         |                 |   |                   |   |                           |   |              |   |
| Deviated Nasal Septum                    |                 |   |                   |   |                           |   |              |   |
| Polyp                                    |                 |   |                   |   |                           |   |              |   |
| Throat: Enlarged Tonsil                  | 1               | - | 1                 | - |                           |   | 1            | - |
| Respiratory System                       |                 |   |                   |   |                           |   |              |   |
| Productive Cough                         | 2               | 3 | 2                 | 3 |                           |   | 2            | 3 |
| Abnormal Breath Sound                    |                 |   |                   |   |                           |   |              |   |
| Cardio Vascular System                   |                 |   |                   |   |                           |   |              |   |
| Abnormal Heart Sounds                    |                 |   |                   |   |                           |   |              |   |
| Gastro-Intestinal System                 |                 |   |                   |   |                           |   |              |   |
| Palpable Liver                           |                 |   |                   |   |                           |   |              |   |
| Palpable Spleen                          |                 |   |                   |   |                           |   |              |   |
| Dental                                   |                 |   |                   |   |                           |   |              |   |
| Caries                                   | 2               | - | 2                 | - |                           |   |              |   |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  | 1               | - | 1                 | - |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 | 1               | - | 1                 | - |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

*H. Chatterjee*  
Signature of HO/AHO

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

Berhampore Municipality

Name of School Babuji Pathagar Primary School

Period of Examination from 8am to 10am

DA- 19/11/09

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 35              | 30 | 11       | 12 | -                | - | 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 |
| 7                 | 5 | -        | - | 5    | 3 | -               | - | -                    | - | 10                 | 9 | -                   | - |

| 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                  | 1               | 1 | 1                 | 1 |                           |   | 1            | 1 |  |
| 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 |                           |   | 3            | 2 |  |
| Bleeding & Spongy Gum                    |                 |   |                   |   |                           |   |              |   |  |
| Skin                                     |                 |   |                   |   |                           |   |              |   |  |
| Scabies                                  | 2               | 2 | 2                 | 2 |                           |   |              |   |  |
| Rash                                     | 1               | 1 | 1                 | 1 |                           |   |              |   |  |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |  |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |  |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |  |

Signature of HO/AHO

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

Berhampore Municipality

Name of School Swajoday S.S.K

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

Dt- 21/11/09

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 69              | 61 | 12       | 25 | -                | - | 12  | 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                 | 7 | -        | - | 7    | 8 | -               | - | -                    | - | 10                 | 9 | -                   | - |

| 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                  | 1               | 2 | 1                 | 2 |                           |   | 1            | 2 |
| 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 |                           |   | 2            | 1 |
| Bleeding & Spongy Gum                    | 3               | 2 | 3                 | 2 |                           |   |              |   |
| Skin                                     |                 |   |                   |   |                           |   |              |   |
| Scabies                                  |                 |   |                   |   |                           |   |              |   |
| Rash                                     |                 |   |                   |   |                           |   |              |   |
| Eczema                                   |                 |   |                   |   |                           |   |              |   |
| Pyoderma                                 |                 |   |                   |   |                           |   |              |   |
| Psychological Disorder                   |                 |   |                   |   |                           |   |              |   |

Signature of HO/AHO



**Sri Mohan Bose**

CHAIRMAN  
JALPAIGURI MUNICIPALITY

**Residential Address :**  
MOHURIPARA, JALPAIGURI.  
PHONE : 231637 (RESI.)  
231096 (CHAMBER)  
230050 (OFFICE)  
FAX-JALPAIGURI MUNICIPALITY  
(03561) 231096

M. No. 744/M

*Jalpaiguri*  
*3 No. of School.*  
*Comptrol*  
*24/6/10*

Date 18/6/10 200

To

The Project Officer (Health)

SUDA; ILGUS BHAWAN.

H-C Block; Sector-III

Salt Lake.

Kol - 700106.

Respected

Madam,

Sub: - School wise report on Health Check up of students within Jalpaiguri Municipal Area.

I am sending herewith the statement of report on health check up of students in three school within Jal. Municipal area held in Feb' 2010. The names of the school are

- i) Satish Lahiri Prg. School (Ward no. 19)
- ii) Meherunnesa Prg. School (Ward no 15)
- iii) Vidyaagar (S.S.K) - (Ward no. 15)

Please do the needful.

Thanking you,

Sincerely yours

*Mohan B*  
Chairman 18/06/10  
JALPAIGURI MUNICIPALITY

File

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

Jalpaiguri Municipality

Name of School Meherunnisa Prg. School  
Ward. no. - XV ; J.M.Period of Examination <sup>on</sup> 15/2/10 from 15/2/10 to .....

| No. of Students |    |          |    | Status of Health |   |     |    |
|-----------------|----|----------|----|------------------|---|-----|----|
| Enrolled        |    | Examined |    | Healthy          |   | Ill |    |
| M               | F  | M        | F  | M                | F | M   | F  |
| 09              | 03 | 09       | 03 | 02               | - | 07  | 03 |

| 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 |
| /                 |   |          |   |      |   |                 |   |                      |   |                    |   |                     |   |

| 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                          | 01              |    | 01                |    |                           |   |              | 01 |
| Impacted Wax                             | 01              | 02 | 01                | 02 |                           |   |              | 01 |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |    |
| Nose : Discharge                         |                 |    |                   |    |                           |   |              |    |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |    |
| Polyp                                    |                 |    |                   |    |                           |   |              |    |
| Throat: Enlarged Tonsil                  | 01              | -  | 01                |    |                           |   |              | 01 |
| <b>Respiratory System</b>                |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         |                 |    |                   |    |                           |   |              |    |
| Abnormal Breath Sound                    | -               | 01 | -                 | 01 |                           |   |              |    |
| <b>Cardio Vascular System</b>            |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |    |
| <b>Gastro-Intestinal System</b>          |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |    |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |    |
| <b>Dental</b>                            |                 |    |                   |    |                           |   |              |    |
| Caries                                   | 01              | -  | 01                | -  |                           |   |              |    |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |    |
| <b>Skin</b>                              |                 |    |                   |    |                           |   |              |    |
| Scabies                                  | 02              | -  | 02                | -  |                           |   |              | 01 |
| Rash                                     |                 |    |                   |    |                           |   |              |    |
| Eczema                                   |                 |    |                   |    |                           |   |              |    |
| Pyoderma                                 | 01              | -  | 01                | -  |                           |   |              | 01 |
| <b>Psychological Disorder</b>            |                 |    |                   |    |                           |   |              |    |

*G. S. S.*  
18/6/10  
Signature of HO/AHO

*Moham*  
18/06/10  
Chairman  
JALPAIGURI MUNICIPALITY

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

Jalpaiguri Municipality

Name of School... Vidyanagar (S.S.K).  
Ward no. - XV ; J.M.

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

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 06              | 15 | 06       | 15 | 02               | 09 | 04  | 06 |

| 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 |
| 01                | 04 |          |   |      |   |                 |   |                      |   |                    |   | 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 |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |    |
| Ear : Discharge                          |                 |    |                   |    |                           |   |              |    |
| Impacted Wax                             | 01              | 01 | 01                | 01 |                           |   | 01           | 01 |
| Hearing Defect                           | 02              | -  | 02                | -  |                           |   | 02           |    |
| Nose : Discharge                         | -               | 01 | -                 | 01 |                           |   |              | 01 |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |    |
| Polyp                                    |                 |    |                   |    |                           |   |              |    |
| Throat: Enlarged Tonsil                  | 01              | -  | 01                | -  |                           |   | 01           |    |
| <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>                            |                 |    |                   |    |                           |   |              |    |
| Caries                                   | -               | 03 | -                 | 03 |                           |   |              | 02 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |    |
| <b>Skin</b>                              |                 |    |                   |    |                           |   |              |    |
| Scabies                                  |                 |    |                   |    |                           |   |              |    |
| Rash                                     |                 |    |                   |    |                           |   |              |    |
| Eczema                                   |                 |    |                   |    |                           |   |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |    |
| <b>Psychological Disorder</b>            |                 |    |                   |    |                           |   |              |    |

Signature of HO/AHO  
18/06/10Chairman  
18/06/10  
JALPAIGURI MUNICIPALITY

School- wise Report on Health Check-Up of Students

Annexure - V

Jalpaiguri Municipality

Name of School Satish Bahing Pvy. School.  
Ward no. - XIX . J. M.

Period of Examination <sup>on</sup> 15/2/10 to .....

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 08              | 08 | 08       | 08 | 04               | 03 | 04  | 05 |

| 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 |
| -                 | 01 | -        | - | -    | - | -               | - | -                    | - | -                  | - | 01                  | - |

| 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  |                           |   |              |    |
| 1) Eye : Visual Defect                   | 01              | -  | 01                | -  |                           |   | 01           |    |
| Conjunctival discharge                   |                 |    |                   |    |                           |   |              |    |
| 2) Ear : Discharge                       |                 |    |                   |    |                           |   |              |    |
| Impacted Wax                             | -               | 01 | -                 | 01 |                           |   |              | 01 |
| Hearing Defect                           |                 |    |                   |    |                           |   |              |    |
| 3) Nose : Discharge                      |                 |    |                   |    |                           |   |              |    |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |   |              |    |
| Polyp                                    |                 |    |                   |    |                           |   |              |    |
| 4) Throat: Enlarged Tonsil               | 01              | 02 | 1                 | 2  |                           |   |              |    |
| 6) Respiratory System                    |                 |    |                   |    |                           |   |              |    |
| Productive Cough                         | -               | 01 | -                 | 1  |                           |   |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |   |              |    |
| 6) Cardio Vascular System                |                 |    |                   |    |                           |   |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |   |              |    |
| 7) Gastro-Intestinal System              |                 |    |                   |    |                           |   |              |    |
| Palpable Liver                           |                 |    |                   |    |                           |   |              |    |
| Palpable Spleen                          |                 |    |                   |    |                           |   |              |    |
| 8) Dental                                |                 |    |                   |    |                           |   |              |    |
| Caries                                   | -               | 01 | -                 | 1  |                           |   | -            | 01 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |   |              |    |
| 9) Skin                                  |                 |    |                   |    |                           |   |              |    |
| Scabies                                  | 01              | -  | 01                | -  |                           |   | 01           | -  |
| Rash                                     | 01              | -  | 01                | -  |                           |   |              |    |
| Eczema                                   |                 |    |                   |    |                           |   |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |   |              |    |
| 10) Psychological Disorder               |                 |    |                   |    |                           |   |              |    |

Signature of HO/AHO

Chairman  
JALPAIGURI MUNICIPALITY

Burdwan

Total No Report = 61

Annexure - V

School- wise Report on Health Check-Up of Students

Burdwan

Municipality

Name of School Indira prastha  
G. S. F. P.

Period of Examination from 23.3.10 to 23.3.10

| No. of Students |   |          |    | Status of Health |    |     |    |
|-----------------|---|----------|----|------------------|----|-----|----|
| Enrolled        |   | Examined |    | Healthy          |    | Ill |    |
| M               | F | M        | F  | M                | F  | M   | F  |
| 11              | 5 | 55       | 52 | 28               | 30 | 27  | 22 |
| 60              |   | 55       |    |                  |    |     |    |

| 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 |
| 15                | 12 | -        | - | 28   | 27 | -               | - | -                    | - | 19                 | 26 | -                   | - |

| 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              | 01 | 04                | 01 |                           |    | 04           | 01 |
| Conjunctival discharge                   |                 |    |                   |    |                           |    |              |    |
| Ear : Discharge                          | 02              | 04 | 02                | 04 |                           |    | 02           | 04 |
| Impacted Wax                             | 01              | 03 |                   |    |                           |    | 01           | 03 |
| Hearing Defect                           |                 |    |                   |    |                           |    |              |    |
| Nose : Discharge                         | 08              | 07 | 08                | 07 |                           |    |              |    |
| Deviated Nasal Septum                    | 01              | -  | 01                | -  |                           |    | 01           | -  |
| Polyp                                    |                 |    |                   |    |                           |    |              |    |
| Throat: Enlarged Tonsil                  | 06              | 05 | 06                | 05 |                           |    | 06           | 05 |
| Respiratory System                       |                 |    |                   |    |                           |    |              |    |
| Productive Cough                         | 05              | 07 | 05                | 07 | 05                        | 07 |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |    |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |    |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |    |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |    |              |    |
| Palpable Liver                           | 01              | 01 |                   |    |                           |    | 01           | 01 |
| Palpable Spleen                          |                 |    |                   |    |                           |    |              |    |
| Dental                                   |                 |    |                   |    |                           |    |              |    |
| Caries                                   | 05              | 06 | 05                | 06 |                           |    | 05           | 06 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |    |              |    |
| Skin                                     |                 |    |                   |    |                           |    |              |    |
| Scabies                                  | 02              | 05 | 02                | 05 |                           |    |              |    |
| Rash                                     |                 |    |                   |    |                           |    |              |    |
| Eczema                                   |                 |    |                   |    |                           |    |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |    |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |    |              |    |

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Signature of HO/AHO

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

Bundwan Municipality

Name of School: Kanhapeta Nazr  
S.S.K.

Period of Examination from 22.3.10 to 22.3.10

| No. of Students |   |          |    | Status of Health |    |     |    |
|-----------------|---|----------|----|------------------|----|-----|----|
| Enrolled        |   | Examined |    | Healthy          |    | Ill |    |
| M               | F | M        | F  | M                | F  | M   | F  |
| 39              |   | 36       | 37 | 19               | 20 | 17  | 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 |
| 12                | 14 | -        | - | 15   | 18 | -               | - | -                    | - | 16                 | 18 | -                   | - |

| 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              | 07 | 05                | 07 |                           |    | 05           | 07 |
| Conjunctival discharge                   |                 |    |                   |    |                           |    |              |    |
| Ear : Discharge                          | 02              | 04 | 02                | 04 |                           |    | 02           | 04 |
| Impacted Wax                             | 03              | 02 | 03                | 02 |                           |    | 03           | 02 |
| Hearing Defect                           |                 |    |                   |    |                           |    |              |    |
| Nose : Discharge                         | 06              | 08 | 06                | 08 |                           |    | 06           | 08 |
| Deviated Nasal Septum                    | 01              | 01 | 01                | 01 |                           |    | 01           | 01 |
| Polyp                                    |                 |    |                   |    |                           |    |              |    |
| Throat: Enlarged Tonsil                  | 03              | 06 | 03                | 06 |                           |    | 03           | 06 |
| Respiratory System                       |                 |    |                   |    |                           |    |              |    |
| Productive Cough                         | 05              | 08 | 05                | 08 | 05                        | 08 |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |    |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |    |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |    |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |    |              |    |
| Palpable Liver                           | 01              | 02 | 01                | 02 |                           |    | 01           | 02 |
| Palpable Spleen                          |                 |    |                   |    |                           |    |              |    |
| Dental                                   |                 |    |                   |    |                           |    |              |    |
| Caries                                   | 04              | 06 | 04                | 06 |                           |    | 04           | 06 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |    |              |    |
| Skin                                     |                 |    |                   |    |                           |    |              |    |
| Scabies                                  | 03              | 04 | 03                | 04 |                           |    |              |    |
| Rash                                     |                 |    |                   |    |                           |    |              |    |
| Eczema                                   |                 |    |                   |    |                           |    |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |    |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |    |              |    |

Signature of HO/AHO

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

Bundwan Municipality

Name of School Chyan Bag S.S.

Period of Examination from 11.3.10 to 11.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 25              | 38 | 33       | 37 | 20               | 19 | 13  | 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 |
| 09                | 12 | -        | - | 04   | 08 | -               | - | -                    | - | 10                 | 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                      | 03              | 03 | 03                | 03 |                           |    | 0            | 3  |
| Conjunctival discharge                   |                 |    |                   |    |                           |    |              |    |
| Ear : Discharge                          | 01              | 02 | 01                | 02 |                           |    | 01           | 01 |
| Impacted Wax                             | 03              | 02 | 03                | 02 |                           |    | 03           | 01 |
| Hearing Defect                           |                 |    |                   |    |                           |    |              |    |
| Nose : Discharge                         | 07              | 05 | 07                | 05 |                           |    |              |    |
| Deviated Nasal Septum                    |                 |    |                   |    |                           |    |              |    |
| Polyp                                    |                 |    |                   |    |                           |    |              |    |
| Throat: Enlarged Tonsil                  | 04              | 06 | 04                | 06 |                           |    | 01           | 01 |
| Respiratory System                       |                 |    |                   |    |                           |    |              |    |
| Productive Cough                         | 05              | 06 | 05                | 06 | 05                        | 06 |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |    |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |    |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |    |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |    |              |    |
| Palpable Liver                           | 01              | 01 | 01                | 01 |                           |    | 01           | 01 |
| Palpable Spleen                          |                 |    |                   |    |                           |    |              |    |
| Dental                                   |                 |    |                   |    |                           |    |              |    |
| Caries                                   | 06              | 05 | 06                | 05 |                           |    | 06           | 05 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |    |              |    |
| Skin                                     |                 |    |                   |    |                           |    |              |    |
| Scabies                                  | 03              | 03 | 03                | 03 |                           |    |              |    |
| Rash                                     |                 |    |                   |    |                           |    |              |    |
| Eczema                                   |                 |    |                   |    |                           |    |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |    |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |    |              |    |

Signature of HO/AHC

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

Bundlwan

Municipality

Name of School Rasikpur M.F.

Period of Examination from 20.3.10 to 20.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| Total           | F  | M        | F  | M                | F  | M   | F  |
| 56              | 36 | 20       | 20 | 19               | 12 | 16  | 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 |
| 06                | 09 | -        | - | 10   | 12 | -               | - | -                    | - | 11                 | 09 | -                   | - |

| 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                      | 03              | 06 | 03                | 06 |                           |    | 03           | 06 |
| Conjunctival discharge                   |                 |    |                   |    |                           |    |              |    |
| Ear : Discharge                          | 02              | 03 | 02                | 03 |                           |    | 02           | 03 |
| Impacted Wax                             | 02              | 02 | 02                | 02 |                           |    | 02           | 02 |
| Hearing Defect                           |                 |    |                   |    |                           |    |              |    |
| Nose : Discharge                         | 06              | 04 | 06                | 04 |                           |    |              |    |
| Deviated Nasal Septum                    | 01              | 01 | 01                | 01 |                           |    | 01           | 01 |
| Polyp                                    |                 |    |                   |    |                           |    |              |    |
| Throat: Enlarged Tonsil                  | 03              | 02 | 03                | 02 |                           |    | 01           | 01 |
| Respiratory System                       |                 |    |                   |    |                           |    |              |    |
| Productive Cough                         | 05              | 06 | 05                | 06 | 05                        | 06 |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |    |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |    |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |    |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |    |              |    |
| Palpable Liver                           | 01              | 01 | 01                | 01 |                           |    | 01           | 01 |
| Palpable Spleen                          |                 |    |                   |    |                           |    |              |    |
| Dental                                   |                 |    |                   |    |                           |    |              |    |
| Caries                                   | 03              | 04 | 03                | 04 |                           |    | 03           | 04 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |    |              |    |
| Skin                                     |                 |    |                   |    |                           |    |              |    |
| Scabies                                  | 02              | 05 | 02                | 05 |                           |    |              |    |
| Rash                                     |                 |    |                   |    |                           |    |              |    |
| Eczema                                   |                 |    |                   |    |                           |    |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |    |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |    |              |    |

Signature of HO/AHO



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

Bundwan Municipality

Name of School Alamjung H.F.P.

Period of Examination from 29.3.10 to 29.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |    |
|-----------------|----|----------|----|------------------|----|-----|----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |    |
| M               | F  | M        | F  | M                | F  | M   | F  |    |
| 145             | 74 | 71       | 64 | 68               | 28 | 30  | 36 | 40 |
|                 |    |          |    |                  |    |     |    | 38 |

| 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 |
| 09                | 12 | —        | — | 39   | 41 | —               | — | —                    | — | 29                 | 32 | —                   | — |

| 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                      | 11              | 10 | 11                | 10 |                           |    | 11           | 10 |
| Conjunctival discharge                   |                 |    |                   |    |                           |    |              |    |
| Ear : Discharge                          | 02              | 04 | 02                | 04 |                           |    | 02           | 04 |
| Impacted Wax                             | 03              | 05 | 03                | 05 |                           |    | 03           | 05 |
| Hearing Defect                           | 00              | 00 | —                 | —  | —                         | —  | —            | —  |
| Nose : Discharge                         | 09              | 07 | 09                | 07 |                           |    | 09           | 07 |
| Deviated Nasal Septum                    | —               | 01 |                   | 01 |                           |    |              | 01 |
| Polyp                                    |                 |    |                   |    |                           |    |              |    |
| Throat: Enlarged Tonsil                  | 03              | 05 | 03                | 05 |                           |    | 03           | 05 |
| Respiratory System                       |                 |    |                   |    |                           |    |              |    |
| Productive Cough                         | 05              | 08 | 05                | 08 | 05                        | 08 |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |    |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |    |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |    |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |    |              |    |
| Palpable Liver                           | 02              | 04 | 02                | 04 |                           |    | 02           | 04 |
| Palpable Spleen                          |                 |    |                   |    |                           |    |              |    |
| Dental                                   |                 |    |                   |    |                           |    |              |    |
| Caries                                   | 08              | 12 | 08                | 12 |                           |    | 08           | 12 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |    |              |    |
| Skin                                     |                 |    |                   |    |                           |    |              |    |
| Scabies                                  | 03              | 03 | 03                | 03 |                           |    |              |    |
| Rash                                     |                 |    |                   |    |                           |    |              |    |
| Eczema                                   |                 |    |                   |    |                           |    |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |    |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |    |              |    |

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

Dundwan

Municipality

Name of School Idilpur S.S.K.

Period of Examination from 23.3.10 to 23.3.10

| No. of Students |    |          |    | Status of Health |    |     |    |
|-----------------|----|----------|----|------------------|----|-----|----|
| Enrolled        |    | Examined |    | Healthy          |    | Ill |    |
| M               | F  | M        | F  | M                | F  | M   | F  |
| 10              | 10 | 57       | 57 | 19               | 23 | 22  | 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 |
| 15                | 22 | -        | - | 23   | 27 | -               | - | -                    | - | 18                 | 22 | -                   | - |

| 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                      | 06              | 05 | 06                | 05 |                           |    | 06           | 05 |
| Conjunctival discharge                   |                 |    |                   |    |                           |    |              |    |
| Ear : Discharge                          | 01              | 02 | 01                | 02 |                           |    | 01           | 02 |
| Impacted Wax                             |                 |    |                   |    |                           |    |              |    |
| Hearing Defect                           |                 |    |                   |    |                           |    |              |    |
| Nose : Discharge                         | 07              | 09 | 07                | 09 |                           |    |              |    |
| Deviated Nasal Septum                    | -               | 01 | -                 | 01 |                           |    |              | 01 |
| Polyp                                    |                 |    |                   |    |                           |    |              |    |
| Throat: Enlarged Tonsil                  | 03              | 05 | 03                | 05 |                           |    | 03           | 02 |
| Respiratory System                       |                 |    |                   |    |                           |    |              |    |
| Productive Cough                         | 04              | 07 | 04                | 07 | 04                        | 07 |              |    |
| Abnormal Breath Sound                    |                 |    |                   |    |                           |    |              |    |
| Cardio Vascular System                   |                 |    |                   |    |                           |    |              |    |
| Abnormal Heart Sounds                    |                 |    |                   |    |                           |    |              |    |
| Gastro-Intestinal System                 |                 |    |                   |    |                           |    |              |    |
| Palpable Liver                           | 01              | 02 | 01                | 02 |                           |    | 01           | 02 |
| Palpable Spleen                          |                 |    |                   |    |                           |    |              |    |
| Dental                                   |                 |    |                   |    |                           |    |              |    |
| Caries                                   | 04              | 05 | 04                | 05 |                           |    | 04           | 05 |
| Bleeding & Spongy Gum                    |                 |    |                   |    |                           |    |              |    |
| Skin                                     |                 |    |                   |    |                           |    |              |    |
| Scabies                                  | 03              | 03 | 03                | 03 |                           |    |              |    |
| Rash                                     |                 |    |                   |    |                           |    |              |    |
| Eczema                                   |                 |    |                   |    |                           |    |              |    |
| Pyoderma                                 |                 |    |                   |    |                           |    |              |    |
| Psychological Disorder                   |                 |    |                   |    |                           |    |              |    |

Signature of HO/AHO