

Department of Health & Family Welfare
VILLAGE HEALTH & NUTRITION DAY REPORTING FORMAT

(N.B : Perforated page to be submitted & Non perforated page to be retained at the Health Unit)

Name of the Village		Reporting Month/Year	
Name of the Implementing Health Unit		VNHD Held On	

LIST OF HEALTH WORKERS ATTENDED

Name of ANM	Name of ASHA	Name of AWW	Other HWs Present

A. SERVICES PROVIDED:	Case/Patient/Client	Numbers
1. Total Patients Examined		
2. Pregnant Women Registered		
3. Pregnant Women given ANC		
4. Dropout Pregnant Women tracked and ANC provided / Referred		
5. Lactating Mother tracked and PNC provided / Referred		
6. Children given Immunization		
7. Dropout Children Tracked and Immunized.		
8. Children given Vitamin A		
9. Children weighed and plotted on the card		
10. Children with malnutrition Detected / Treated / Referred		
11. Blood for Hemoglobin Done		
12. Pregnant Women with Anemia of <7gm% Detected / Treated / Referred		
13. Urine for Sugar Done		
14. Pregnant Women with Glycosuria Detected / Treated / Referred		
15. Urine for Protein Done		
16. Pregnant Women with Proteinuria Detected / Treated / Referred		
17. Urine for Pregnancy Test Done		
18. Blood Slide Collected from Fever Cases		
19. Rapid Test For Malaria Done		
20. Patients given antimalarials		
21. Sputum Samples Collected from Patients with Coughs		
22. Anti-TB drugs (DOTS) given to TB patients		
23. RTI/STI cases Detected / Treated / Referred		
24. VDRL Test Done		
25. Patients with Reactive VDRL Test Referred to Higher Centres		
26. Rapid Test for Whole Blood Test Done		

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27. Patients with Reactive Whole Blood Test Referred to ICTC	
28. Patients with Visual Impairment Detected / Referred	
29. Patients with suspected Leprosy Lesions Detected / Referred	
30. Patients with Hypertension Detected / Treated / Referred	
31. Patients with High Blood Sugar Detected / Treated / Referred	
32. Condoms pieces distributed	
33. OCP cycles distributed	
34. IUCD Inserted / Removed	
35. Eligible Couples referred for other contraceptive services.	
36. Supplementary nutrition provided to underweight children.	
37. Children with disabilities Identified / Referred	
38. Other Health Problems (Specify) Detected / Treated / Referred	
a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	
39. No of Schools Visited	
40. No of Students Examined / Referred	

B. VHC Records & Registers Examined:

1. _____
2. _____
3. _____
4. _____

C. Review Meeting Held or not. If yes, any Resolution adopted by Village Health Committee:

1. _____
2. _____
3. _____
4. _____

D. Health Issues Discussed with the Community:

Signature & Seal of the Chairman VHC

Signature & Seal of the Health Worker