HEALTH SURVEY OF JARAWA

324

Directorate of Health Services
A & N Administration, Port Blair

Date:	**House Hold No.:**
Serial No.:	**Head of the Family:**

PERSONAL PARTICULARS:

1. a) Name: b) Relationship:	2.	Age: Sex:	3. Place of Contact: a) Kadamtala b) Jirgatang c) Tirur
4. Marital Status: a) Single b) Married c) Widow d) Remarried	5. No. of Children: a) From 1st Marriage: b) From Subsequent Marriage: c) Total:		6. Physiological Status a) Non-Pregnant b) Pregnant c) Lectating d) Breast Feeding.

7. No. of members in the family:	a) Adult	M: F:	b) Children	M: F:	c) Total:
8. No. of children died in the family:	M: F:		Total:		

CLINICAL EXAMINATION:
A. General Examination:

1. Height (CM):	2. Weight (KG):	3. Hair: a) Texture: b) Colour:
4. Mid-arm Circumf:	5. Temperature:	6. Pulse Rate:
7. Blood Pressure:	8. Pallor: a) Present b) Absent	9. Icterus: a) Present b) Absent
9. Cyanosis: a) Present b) Absent	10. Clubbing: a) Present b) Absent	11. Lymhadenopathy: a) Present b) Absent
12. Edema a) Present c) Absent	13. Vit. A. Deficiency: a) Bitots spot b) Conjuctival xerosis c) Night Blindness.	14. Vit B. Deficiency: a) Angular Stomatitis b) Glossitis c) Calf Tendernes d) Spongy & Bleedinggum.
15. Goitre: a) Present b) Absent (Grade O/I/II)	16. Caries tooth: a) Present b) Absent	17. Dental Flurosis: a) Present b) Absent
18. Vit D Deficiency: a) Present b) Absent	19. Eye Ailment: a) Present b) Absent c) Specify	20. E.N.T. Ailment: a) Present b) Absent c) Specify