













EMERGENCY DRUGS TO BE KEPT AT THE CLINIC

IV FLUIDS

NORMAL SALINE  
5% DEXTROSE  
RINGER LACTATE

*INJ. ADRENALINE*  
*INJ. ATROPINE*  
*INJ. BUSCOPAN*  
*INJ. DERIPHYLLINE*  
*INJ. HYDROCORTISONE 100MG VIAL*  
*INJ. PARACETAMOL*  
*INJ. AMINORPHYLLINE*

QUARTERLY REPORT

No:

Month:

Year:

Name of Clinic: .....

DISEASE CATEGORY	NUMBER OF CASES		
	Under 5 Years	5 Years And over	TOTAL
Acute Abdomen			
Anemia			
Ano-rectal Conditions			
Bronchial Asthma			
Cataract, Pterygium			
Cerebo Vascula Accident			
Child Spacing			
Congenital Heart Disease			
Conjunctivitis			
Dermatological Disorders			
Diabetes			
Diarrhoea			
Eczema			
Epilepsy			
Febrile Fits			
Fever Unspecified (PUO)			
Fungus Infections			
Gastritis			
Glaucoma			
Gynecological Disorders			
Hypertension			
Injury/ Accident			
Ischaemic Heart Diseases			
Lower Respiratory Infection			
Malignancy			
Nephritis			
Nutritional Deficiencies			
Reptic Ulcer			
Perinatal Diseases			
Pneumonia			
Pregnancy			
Psoriasis			
Psychatric Disorders			
Renal Failure			

NOTIFIABLE DISEASES

Disease Category	Number of Cases		
	Under 5 Years	5 Years and Over	TOTAL
Diarrhoea			
Viral Fever			
Acute Respiratory Infection			
Dengue Fever/Dengue Hemorrhagic Fever			
Typhoid Fever			
Measles			
Meningitis			
Leptospirosis			
Infective Hepatitis			
Scrub Typhus			
Chicken Pox			
Conjucitivitis			
Mumps			
Chikungunya			
Cholera			
Palgue			
Yellow Fever			
Whppoing Cough			
Filaria			
Malaria			
Leprosy			
Acute Flaccid Paralysis			
Rubella			
Diphtheria			
Tetanus/Neonatal Tetanus			
Pneumonia			
Tuberculosis			
Encephalitis			
Hand Foot and Mouth Diseases			

Signature:

Name:

Designation:

COMMUNICABLE DISEASES NOTIFICATION FORM

*DATE:*

*COMMUNICABLE DISEASE*

*NAME:*

*AGE:*

*ADDRESS:*

*NATIONALITY:*

*DATE OF ONSET OF SYMPTOMS:*

*SIGNATURE OF INFORMANT:*

**DESIGNATION:**

DISEASE CATEGORY	NUMBER OF CASES		
	Under 5 Years	5 Years And Over	TOTAL
Rheumatic Heart Disease			
Rheumatic/Arthritis			
Sexually Transmitted Diseases			
Thalassaemia			
Thyroid Disease			
Tonsillitis			
Trauma			
Upper Respiratory Infection			
Uro-genital Conditions			
Worm Infestation			

OTHER CONDITIOND  
SPECIFY:
