

GOVERNMENT REHABILITATION INSTITUTE FOR INTELLECTUAL DISABILITES

SECTOR -31, CHANDIGARH
Routine Health Checkup Performa

Name.....

Admin No

Months	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
Weight(kg)												
Height(cms)												
Hair(Cut/not cut)												
Nail(Cut/Not cut)												
Eyes(Redness, Discharge)												
Ears(Discharge)												
Nose(Discharge, Bleeding)												
Mouth & Oral Hygiene (Good /poor)												
Skin(Infection/Healthy)												
Clothes(Clean/Unclean)												
Grooming(Well/Avg./Poor)												
Cough/Cold												
Loose stools												
Any other symptoms												
Pallor(Present/Absent)												
Icterus(Present/Absent)												
Cyanosis(Present/Absent)												
Pedal edema (Present/Absent)												
Clubbing(Present/Absent)												
Temperature (Febrile/ Afebrile)												
Any abnormal body movements. yes/no												
Doctor referral Required (Yes/no)												
Investigation if required												
B.P												
Pulse												
Respiratory Rate												

Staff Nurse Sign :-

Teacher's Sign :-