

PROFORMA

Name of the School:

School type: Government/Private

Address:

Name of the student:

Class:

Age ----- Gender: Male/ Female

Religion: Hindu/Buddhist/Christian/Muslim/Any other (Specify).

Ethnicity: Brahmin/Chhetri/Newar/Mongolian/Madhesi/Dalit

Hostel

Staying in the Hostel: Yes/No

Student

1. Has immunization been done: Yes/No; If yes, which vaccines have been taken?

Vaccines:

BCG..... (BCG scar Present/Absent)

DPT 1..... DPT2.....DPT 3.....

ANY OTHERS.....

2. History of Upper Respiratory Tract Infection (URI)? Yes/No

➤ If yes when was the last episode?

Last week/Last month/Last three months/Last six months/Last one year

➤ Are medicines being taken for Upper Respiratory tract Infection (URI)? Yes/No

If yes when and which antibiotics.....

3. Does he/she suffer from repeated throat infection? Yes/No

➤ If yes how many times in a year?

1 time/2 times/3 times/4 times/>4 times

4. Has he/she undergone tonsillectomy? Yes/No

5. Has he/she undergone surgery for DNS? Yes/No

If yes when

6. Is there any history of Rheumatic fever characterized by (High Grade Fever/Sore Throat/Joint Pain etc): Yes/No

7. Is there any history of Rheumatic Heart disease/nephritis: Yes/No

8. If answer to question 6 is yes, is the child on prophylactic antibiotic against RHD? Yes/ No

If yes what are the medicines being taken? Long Acting Penicillin/ Erythromycin

Others

9. Examination of throat:

TONSILS

Normal/ Enlarged/ Congested/ Inflamed

Throat swab taken on:

Taken by:

Sent to Dept. of Microbiology on:

Throat swab examination results: