Disease Notification Format

(For doctors at the hospitals in the zones)

IDP Camps :- **Cheddikulam** Zone :- ……

Date :- ……...

Disease :-Viral Hepatitis (**VH**), Dysentery (**Dy**), Diarrhoea (**D**), Chicken pox (**CP**), Typhoid (**Ty**)

Doctors :- Please write the relevant code for the suspected disease in the "Disease" column.

Volunteers :- Please fill the other columns with the relevant details

No :	Disease	Name of the patient	Block No:	House No:

Disease Notification Format

(For doctors at the hospitals in the zones)

IDP Camps:- **Cheddikulam** Zone :- ……………………

Date :- …………………...

Viral Hepatitis	Dysentery	Diarrhoea	Chicken pox	Typhoid