DISEASE SURVEILLANCE IN FLOOD AFFECTED AREAS

MOH Area :			PHI Area:					
Name of Camp / Shelter :								
				No of Cases				
Disease	_/_/20	//20	_/_/20	//20	//20	//20	//20	Total No. of Cases
Watery Diarrhoea								
Dysentery								
Enteric Fever								
Viral Hepatitis								
Chickenpox								
Measles								
Acute Respiratory								
Tract Infection (RTI)								
Conjunctives								

Note:

Others

Skin Diseases

- If there are any deaths, state the probable cause of death
- To be filled in duplicate by the PHI by visiting the camp daily. One form is to be kept in the camp and the other at the PHI office.

Signature:	Date :
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DISEASE SURVEILLANCE IN FLOOD AFFECTED AREAS MOH Area: Date: **Enteric Fever** Conjunctives Chickenpox Watery Diarrhoea Dysentery Viral Hepatitis Skin Diseases Measles Others **Temporary Shelter Name** ARTI

Note:

- If there are any deaths, state the probable cause of death
- To be filled in duplicate by MOH. One form to be sent to RE daily and the other to be kept with him / her.

Signature:	Date :
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DISEASE SURVEILLANCE IN FLOOD AFFECTED AREAS District: Date: **Enteric Fever** Conjunctives Chickenpox Watery Diarrhoea Dysentery Viral Hepatitis Skin Diseases Measles Others ARTI **MOH Area**

Note:

- If there are any deaths, state the probable cause of death
- To be filled in duplicate by RE. One form to be sent to the Epidemiology Unit daily and the other to be kept with him / her.

ignature :	Date :
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INFORMATION ON FLOOD AFFECTED AREAS

District				
Date of update				
MOH areas affected				
Total No. of families affected				
No. of IDP camps				
No. of families displaced				
No. of person displaced				
No. of affected medical institutions				
Major activities carried out				
Other information				
Any additional assistant required				
Signature of the reporting officer				

Date

Designation