

DISEASE SURVEILLANCE IN FLOOD AFFECTED AREAS

MOH Area :

PHI Area :

Name of Camp / Shelter :

Disease	No of Cases							Total No. of Cases
	__/__/20__	__/__/20__	__/__/20__	__/__/20__	__/__/20__	__/__/20__	__/__/20__	
Watery Diarrhoea								
Dysentery								
Enteric Fever								
Viral Hepatitis								
Chickenpox								
Measles								
Acute Respiratory Tract Infection (RTI)								
Conjunctives								
Skin Diseases								
Others								

Note :

- 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 :

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

Designation

Date