සෞඛ්‍ය වෛද්‍ය නිළධාරී හා අතිරේක සෞඛ්‍ය වෛද්‍ය නිළධාරීගේ මාසික වාර්තාව

சுகாதார வைத்திய அதிகாரி/ உதவி சுகாதார வைத்திய அதிகாரியின் மாதாந்த அறிக்கை

Monthly Statement of Medical Officer of Health/ Additional Medical Officer of Health

To be prepared at the end of the month and to enter into the eRHMIS on or before the 10th of the following month

RDHS area: …….. Month: …… Year: ……..

MOH area: …… No. of AMOH: ……

1. No. of supervisions done during the month	
1. PHNS supervisions	
2. SPHI supervisions	
3. SPHM supervisions	
4. PHI supervisions	
5. PHM supervisions	
6. School Dental Therapist supervisions	
7. Institutions supervisions	
8. Supervisions of school health services	

2. No. of clinic supervisions done during the month	
1. Antenatal Clinics	
2. Child Welfare Clinics	
3. Family Planning Clinics	
4. Poly Clinics	
5. Combined Clinics	
6. Nutrition Clinics	
7. Well Women Clinics	

3. No. of supervisions done in the field during the month	
1. Field weighing post	
2. Field supervisions	

4. Total supervisions done during the month	
1. No. of supervisions done	
2. No. of reports submitted	
3. No. of follow-up supervisions done	
4. No. of follow-up supervision reports submitted	

5. No. of investigations done during the month	**No. of deaths reported**	**No. investigated**
1. Still births		
2. Infant and child deaths		
3. Maternal deaths		

6. Other activities during the month	**No. conducted/ participated in your MOH area**
1. Training programmes conducted	
2. Training programmes participated	
3. Other meetings (other than routine) participated	

Name of MOH/AMOH ……

Signature: ……

Date: ……