

Health Check - Beginning of Term Template

Standard information

Implementing organisation	Hope Danmark (UG) Ltd.
Project title or Programme	Children of Hope
Type of report	Health Check – Beginning of Term
Year of reporting	
Report writer	
Report approved by	

Identification

Name of the school	
Name of the child	
Age of the child	
Class	Baby / Middle / Top / P1 / P2 / P3 / P4 / P5 / P6 / P7

Guide

The form is to be used in the beginning of every term each year for each child.

Term 1

Date and place		Yes	No
Height	cm	Nutritious supplement needed	
Weight	Kg		Pos Neg
Temperature	Celsius	Malaria test/RDT	
SD development			Yes No
Eyes right/left		Malaria treatment given	
Ears/otoscopy			
Any complaints from the child			
Other findings			
Other treatment			
Needs follow up, what?			
Result of follow up			
Name of the nurse			

Term 2

Date and place		Yes	No
Height	cm	Nutritious supplement needed	
Weight	Kg		Pos Neg
Temperature	Celsius	Malaria test/RDT	
SD development			Yes No
Eyes right/left		Malaria treatment given	
Ears/otoscopy			
Any complaints from the child			
Other findings			
Other treatment			
Needs follow up, what?			
Result of follow up			
Name of the nurse			

Term 3

Date and place			Yes	No
Height	cm	Nutritious supplement needed		
Weight	Kg		Pos	Neg
Temperature	Celsius	Malaria test/RDT		
SD development			Yes	No
Eyes right/left		Malaria treatment given		
Ears/otoscopy				
Any complaints from the child				
Other findings				
Other treatment				
Needs follow up, what?				
Result of follow up				
Name of the nurse				