

Monthly HEALTH CHECKLIST

For the Month of _____ 20____

Personal appearance and Hygiene	Improved	Needs Improvement	Comments
General appearance and hygiene of the children			
Dusting of the class rooms			
Cleanliness of the class rooms			
Use of dustbins			
Toilets			
Cleanliness			
Items In The Toilets	Present	Not present	
Lotas			
Odour			
Soap			
Water			
Health Lessons			
How many health lessons have been conducted during the last month?	Satisfactory	Good	
	1	2	
First Aid			
How many children required first aid?			
How many of them were provided first aid?			
Health Activities			
How many health related activities been undertaken with parents / teachers /children during this month?			
Any other health and environment related Issues			
Any issues which need to be brought up?			

Date:

Signature:

Teacher:

Education Promoter:

Fill By EP Every Month: Health Person: Every Month