

National Programme for Control of Blindness (NPCB) Kerala Individual Reporting Format

Name of District:

For the month of:

Name of Hospital / CHC / PHC:

Sl No	Description	Month of	Cumulative Total
1	Number of Ophthalmic patients examined (Hospital/CHC/PHC/MiniPHC/Vision Centre/Outreach camps)		
2	Number of refractive errors detected		
3	No of retinoscopy		
4	Number of spectacles prescribed		
5	Number of cataract cases detected		
6	Number of cataract cases referred to higher centers for surgery		
7	Number of cases operated		
	a. No. of women beneficiaries		
	b. No. of SC/ST		
	c. No. of below poverty line		
8	No of spectacles provided to Cataract Operated cases		
9	No. of out reach camps conducted in the area a. By Mobile Ophthalmic Unit		
	b. Others (NGO/Private etc)		
10	No. of patients examined in the camp		
11	No. of Mini PHC visited		
12	No. of cases examined in Mini PHC		
13	No. of health education classes conducted		
14	No of Tonometry done (Hospital / CHC / PHC / Mini PHC / Vision Centre)		

II. School Eye Health

No of Schools in the area (LP/UP/HS – Govt / Aided / Private) :

Sl No	Description	Month of	Cumulative Total
1	No. of children examined		
2	No. of refractive errors detected		
3	No. of Spectacles prescribed		
4	No. of free spectacles supplied		
5	No. of other eye diseases of children detected a. Low vision		
	b. Squint		
	c. Vitamin A deficiency		
6	No. of Teachers trained		

III. Eye Bank Performance

Status	Number of eyes collected during the month	No. of eyes utilized for keratoplasty	No. of eyes used for research purpose	No. of eyes distributed to other institutions	No. of Eye Donation Pledge forms received
Eye Bank					
Eye Collection Centre					
Total for the month					
Cumulative Total					

IV. Other Eye Diseases

Sl No	Details	Month of	Cumulative
1	Number of glaucoma cases		
	a. Screened		
	b. Detected		
	c. Treated		
2	Number of diabetic retinopathy detected		
	a. Screened		
	b. Detected		
	c. Treated		
3	Number of childhood blindness		
4	Trachoma		
5	Squint		
6	Retinopathy of prematurity		
7	Low vision		
8	Keratitis cases		
9	Conjunctivitis		
10	Pterygium		
11	Blepharitis		
12	Trauma		
13	Retinal detachment		
14	Hordeolum		
15	Dacryocystitis		
16	Retinoblastoma		
17	Number of blind cases detected (<CF 3 Meters BE)		
	Corneal Blind among them		

V. Vision Centre

Name of Vision Centre	No. of Patients Examined	No. of Cataract Detected	No. of Other Eye Diseases	No. of Refractive Errors	No. of Spectacles Prescribed
1.					
2.					
3.					
4.					
Total for the month					
Cumulative Total					

Date:

**Optometrist /
Sr. Optometrist**

**Head of Department /
Superintendent /Medical Officer I/C**

Office Seal