

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 | | |
| 2 | c. Treated | | |
| | Number of diabetic retinopathy detected | | |
| | a. Screened | | |
| 2 | 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