Logo of ULB

Health Care Record

For Core Sanitation Workers
Under the Sanitation Workers Development Scheme, Tamil Nadu

Photo of Worker	Name	:
	SWDS ID	:
	Mobile Number	:
	Job Role	:
	City/Village of Worker	:
	Issuance Date of Health Card	:

Name and Address of ULB

Urban Management Centre

Personal Details

SWDS card number	:	
Name	:	
Gender	:	
Age	:	
Name of the Father/Mother/Husband/ Wife	:	
Contact number	:	
Emergency contact person	:	
Emergency contact number	:	
Ward number / Ward name	:	
Basti / Locality / Settlement name	:	
City / Town / Urban area	:	
Current postal address	:	
Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) card number	:	
Aadhar number	:	
TAHDCO Membership card Number	:	

Professional Details

Job role

- ❑ Community and Public Toilet Cleaning
- ❑ Emptying of septic tank
- ❑ Sewerage network maintenance
- ❑ Drain cleaning
- ❑ O&M of Wastewater treatment plant
- ❑ O&M of community, public and institutional toilet
- ❑ Other, Please Specify

  _____

  _____

Employer

- ❑ Directly by the government (Both permanent and contractual) (Municipal Corporation or Municipality or Central Government Institution or Government Para-statal agency or cantonment board)
- ❑ Self Help groups (SHG)
- ❑ Private contractor/ Private institutions/ Private industries / Educational institution except SHGs
- ❑ Informal/ Casual labour

Nature of Job

- ❑ Permanent employee
- ❑ Contractual
- ❑ Daily wager
- ❑ Seasonal

Covered Under ESI

- ❑ Yes
- ❑ No

O.P. Referral Slip and Medical History

Vitals	**Pulse Rate :**	**B.P. :**	**Temperature:**	**RR:**
	Blood Group :	**Height :**	**Weight:**	**BMI:**

Any Chronic Illness:	❑ Diabetes ❑ Blood Pressure ❑ Skin Diseases ❑ TB ❑ Rheumatism, ❑ Gastro Intestinal Disease ❑ Other, Please Specify _____
Any form of Disability:	❑ Yes, Please Specify _____ ❑ No
Past instance of asthma/allergy corresponding to vision, breath, and skin	
Neurological deficit (if any)	
Immunization with Covid/TT and Hepatitis vaccine; date of administration	

O.P. Referral Slip and Medical History

Surgical procedure till date (non-invasive and invasive)			
History of hospitalization (especially in the past six months)			
Addiction of any substance	❑ **Smoking**	❑ **Chewing Tobacco**	❑ **Consumption of Alcohol**
Durg Allergies			
Family History			
Suggested food habits			
Suggested Yoga			
Special/ Diet Advice			

NOTES

Health Check-Up Record

No	Dates		Referred for further check up	
1	**Date of Health camp attended**		❑ Yes	❑ No
	Date of referral visit			
2	**Date of Health camp attended**		❑ Yes	❑ No
	Date of referral visit			
3	**Date of Health camp attended**		❑ Yes	❑ No
	Date of referral visit			
4	**Date of Health camp attended**		❑ Yes	❑ No
	Date of referral visit			
5	**Date of Health camp attended**		❑ Yes	❑ No
	Date of referral visit			

Health Check-Up Record

No	Dates		Referred for further check up	
6	Date of Health camp attended		❑ Yes	❑ No
	Date of referral visit			
7	Date of Health camp attended		❑ Yes	❑ No
	Date of referral visit			
8	Date of Health camp attended		❑ Yes	❑ No
	Date of referral visit			
9	Date of Health camp attended		❑ Yes	❑ No
	Date of referral visit			
10	Date of Health camp attended		❑ Yes	❑ No
	Date of referral visit			

Health and Medical Examination

Date (DD/MM/YYY)	**Complaints/ Symptoms Observed**	**Investigations/ Medical Tests** (BP/Sugar/Blood/Urine etc.)
1	**2**	**3**

Health and Medical Examination			
Treatment/ Medication Provided	**Name and signature of Doctor**	**Next date to be visit**	**If referred to any hospital**
4	**5**	**6**	**7**

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