

PUBLIC HEALTH NURSING ACTIVITIES REPORT

For use of this form, see DA Pam 40-11;
the proponent agency is OTSG.

ACTIVITIES (check applicable box)

DAILY MONTHLY
 WEEKLY

DATE

REQUIREMENT
CONTROL SYMBOL
MED-371

SECTION A - VISITS

PROGRAM CLASSIFICATION <i>a</i>	TYPE OF VISIT						PERSONNEL CATEGORY							AGE GROUP						
	PREVIOUS TOTAL <i>b</i>	HOME <i>c</i>	WARD <i>d</i>	CLINIC/OFFICE <i>e</i>	OTHER <i>f</i>	CUMULATIVE TOTAL <i>g</i>	AD ARMY <i>h</i>	AD OTHERS <i>i</i>	RET MIL <i>j</i>	AD DEPNS <i>k</i>	RET MIL DEPNS <i>l</i>	OTHERS <i>m</i>	0 - 12 MONTHS <i>n</i>	1 - 4 YEARS <i>o</i>	5 - 14 YEARS <i>p</i>	15 - 19 YEARS <i>q</i>	20 - 39 YEARS <i>r</i>	40 - 64 YEARS <i>s</i>	65 YEARS & OLDER <i>t</i>	
1	MATERNAL AND CHILD																			
	A. ANTEPARTUM																			
	B. POSTPARTUM																			
	C. NEWBORN																			
	D. PREMATURE																			
2	CHILD ABUSE AND NEGLECT																			
3	SOCIOECON INVESTIGATION																			
4	HANDICAPPING CONDITIONS																			
5	HEALTH PROMOTION																			
6	INJURIES																			
7	MENTAL HEALTH																			
8	RETARDATION																			
9	DISEASE CONTROL																			
	A. ARTHRITIS																			
	B. CANCER																			
	C. CARDIOVASCULAR																			
	D. CHRONIC RESPIRATORY																			
	E. DIABETES																			
	F. OTHER CHRONIC																			
	G. HEPATITIS																			
	H. TB (Active & Reactivated)																			
	I. TB (Surveillance)																			
	J. VENEREAL																			
	K. OTHER COMMUNICABLE																			
10																				
11																				
12	TOTAL VISITS																			

SECTION B - CLINICS, CLASSES

SECTION C - CASELOAD

CLINIC OR CLASS <i>a</i>	SESSIONS			ATTENDANCE			FAMILY RECORDS <i>a</i>		NUMBER <i>b</i>	PATIENTS <i>c</i>
	*PT <i>b</i>	NO. <i>c</i>	*CT <i>d</i>	PT <i>e</i>	NO. <i>f</i>	CT <i>g</i>	26	27		
13	WELL BABY						26	TOTAL-BEGINNING OF REPORT		
14	IMMUNIZATIONS						27	OPENED		
15	CHILD HEALTH						28	CLOSED		
16	PRENATAL						29	TOTAL-END OF REPORT		
17	POSTPARTUM									
18	EXPECTANT PARENT									
19	DIABETIC									
20	TB									
21										
22										
23										
24										
25	TOTAL CLINICS/CLASSES									

SECTION D - MISCELLANEOUS

ACTIVITIES
a

NUMBER
b

36. OTHER PROGRAM ACTIVITIES (administration, staff development, meetings, etc.) (Continue on reverse)

NAME OF REPORTING INSTALLATION

NAME OF INDIVIDUAL PREPARING REPORT