

Format 2 – Class Monthly Register

Annexure 2

Class:			Name of School:				Reporting Month and Year:		
Total No. of Girls in Class :			Total No. of Boys in Class:				Total No. of Students:		
S. No	Name of the Student	F/M	Weekly IFA consumption					Consumption of Albendazole <i>(February/August)</i>	
			1 st Week	2 nd Week	3 rd Week	4 th Week	5 th Week		
			Date:	Date:	Date:	Date:	Date:	Date:	
Class Teacher Consuming IFA:									
	I. Students consuming at least 4 IFA tablets in this month	II. Students consuming Albendazole tablets <i>(In February and August)</i>	III. Students with moderate and severe anaemia <i>(Based on physical check up only)</i>		IV. Adverse Effects				
			Identified	Referred	No. of Students who experienced adverse effects following IFA consumption	No. of Students referred to Health Facility due to adverse effects			
Girls									
Boys									
Total									

Signature of Class Teacher