

**FORM P**  
**(Weekly Reporting Format –IDSP)**

<b>Name of Reporting Institution:</b>		<b>I.D. No.:</b>	
<b>State:</b>	<b>District:</b>	<b>Block/Town/City:</b>	
<b>Officer-in-Charge</b>	<b>Name:</b>	<b>Signature:</b>	
<b>IDSP Reporting Week:-</b>	<b>Start Date:-</b>	<b>End Date:-</b>	<b>Date of Reporting:-</b>
	_/_/____	_/_/____	_/_/____

S.no	Diseases/Syndromes	No. of cases
1	Acute Diarrhoeal Disease (including acute gastroenteritis)	
2	Bacillary Dysentery	
3	Viral Hepatitis	
4	Enteric Fever	
5	Malaria	
6	Dengue / DHF / DSS	
7	Chikungunya	
8	Acute Encephalitis Syndrome	
9	Meningitis	
10	Measles	
11	Diphtheria	
12	Pertussis	
13	Chicken Pox	
14	Fever of Unknown Origin (PUO)	
15	Acute Respiratory Infection (ARI) / Influenza Like Illness (ILI)	
16	Pneumonia	
17	Leptospirosis	
18	Acute Flaccid Paralysis < 15 Years of <u>Age</u>	
19	Dog bite	
20	Snake bite	
21	Any other State Specific Disease (Specify)	
22	Unusual Syndromes NOT Captured Above (Specify clinical diagnosis)	
	Total New OPD attendance (Not to be filled up when data collected for indoor cases)	
	Action taken in brief if unusual increase noticed in cases/deaths for any of the above diseases	

