

CHEST Clinic Format 3: District level reporting format

(To be sent on every Monday by District Nodal officer to State Nodal Officer)

Date: _____

Reporting From: _____ To: _____

Name of District: _____

Name of State: _____

Name of District Nodal Officer: _____

Sl. No	Particular	# and name where applicable
1.	No. and name of District Hospitals in the District where CHEST Clinics established	
2	No. and name of Medical College Hospitals in the District where CHEST Clinics established	
3	Total No. of CHEST Clinics established in the District	
4	No. of patients visited CHEST Clinics in reporting period	
5	No. of patients with history of exposure to Air Pollution in reporting period	
6	No. of patients in reporting period with history of exposure to air pollution admitted for treatment	
7	No. of patients provided risk-based counselling to reduce exposure in reporting period	
8	Remarks if any	