

CHEST Clinic Format 2: Facility level Summary reporting format

*To be sent to District Nodal Officer, NPCCHH daily by 5pm.
States may establish the mechanism by which facilities will submit this to District Nodal Officer.*

Date:

Name of the Hospital:

Type of Facility: CHC/SDH/DH/Medical College/Others (Specify):

District:

State:

Sl. No	Particular	Paediatric		Adult		Total
		M	F	M	F	
1	No. of patients visited CHEST Clinic today					
2	No. of patients with history of exposure to Air Pollution (today)					
3	No. of patients today visited with history of exposure to air pollution admitted for treatment					
4	No. of patients provided risk-based counselling to reduce exposure					