

**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	TOTAL-BEGINNING OF REPORT		
13	WELL BABY						27	OPENED		
14	IMMUNIZATIONS						28	CLOSED		
15	CHILD HEALTH						29	TOTAL-END OF REPORT		
16	PRENATAL									
17	POSTPARTUM									

**SECTION D - MISCELLANEOUS**

ACTIVITIES <i>a</i>	NUMBER <i>b</i>	
	18	EXPECTANT PARENT
19	DIABETIC	
20	TB	
21		
22		
23		
24		
25	TOTAL CLINICS/CLASSES	
30	REFERRALS IN	
31	REFERRALS OUT	
32	TELEPHONE VISITS	
33	UNABLE TO LOCATE VISITS	
34	CONFERENCES ON BEHALF OF PATIENTS	
35	CONFERENCES ON BEHALF OF PROGRAM	

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

NAME OF REPORTING INSTALLATION

NAME OF INDIVIDUAL PREPARING REPORT