COMMUNITY HEALTH MOBILIZER

DAILY REPORTING FORMAT

NCD Screening & Telehealth Kiosk Programme

DAILY REPORT FORMAT

To be submitted to the Program Manager by end of day (EOD), via WhatsApp or Google Sheet

Date: .....

Name of Mobilizer: .....

Block: .....

PHC Name: .....

A. Field Activities

1. Villages / Schools / PHCs Visited: .....

2. Community Meetings Conducted: No. of Participants — M: _____ F: _____ .....

3. NCD Screening Camps Supported: No. Screened: _____ .....

4. Telehealth Kiosk Consultations Facilitated: .....

B. Kiosk Status

PHC Name	Kiosk Working (Y/N)	Issues Faced	Action Taken

C. Challenges & Support Needed

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Mobilizer Signature: _____ Date: _____

Reviewed by (Program Manager): _____