

**NATIONAL INSTITUTE OF COMMUNICABLE DISEASES
ZONOSIS DIVISION
PROFORMA FOR KALA-AZAR SURVEY**

HOSPITAL

REGN. NO.

NAME

AGE

SEX

RESIDENTIAL ADDRESS

DATE

HISTORY OF VISITING ANY KALA-AZAR ENDEMIC AREA

BIHAR/WEST BENGAL/ ANY OTHRE STATE
Within 6 Months/ 1Year/ 2Year/ 3Year

SYMPTOMS	Fever	Yes/No	Duration
	Loss of Weight	Yes/No	
	Loss of Appetite	Yes/No	
	Abdominal Enlargement	Yes/No	
	Dark Pigmentation	Yes/No	
	Any Other		

History of taking	(i) Antibiotic/Antimalarial or other treatment
	(ii) Antimony gluconate 1 course/ 2course/>2courses
	(iii) Pentamidine isethionate – No. of Injection
	(iv) Any other medicine of Kala Azar

IN PKDL CASE	History of Previous Kala-Azar	Yes/No
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SIGNS	Liver Enlargement	Yes/No
	Spleen Enlargement	Yes/No
	Skin Lesions	Yes/No
	Nodular/Macular/Papular	

SAMPLE	Bone Marrow/Splenic Aspirate
	Skin Biopsy/Scraping/Blood Sample