



MALE HEALTH PASSPORT



GUJARAT STATE HEALTH & FAMILY WELFARE DEPARTMENT

The Gujarat Cancer & Research Institute

(Joint Effort of Gujarat State & Gujarat Cancer Society)



'When we are celebrating the Golden Jubilee of Gujarat in the first ten years of Twenty First Century, we are making one golden determination that every citizen of Gujarat becomes healthy and helps in making Gujarat healthy, prosperous and safe. Gujarat has made initiations in the direction of creating awareness about the health preservation and an approach has been adopted to see that every hospital becomes **Mrutunjay Hospital**.'

Narendra Modi

Honorable Chief Minister
Gujarat State

જય જય ગરવી ગુજરાત

Instruction

1. This passport is to keep your health in check. Study the details given in it once a month and follow the instructions.
2. You can get this passport filled either by your family doctor, doctors of Government Hospital, consultant doctors or by a gynecologist (in case of females). You must get a general check up done after every one or two years.
3. If you are advised by your doctor for further check up and diagnosis, you can avail the facility and services of nearby Government Hospital; Medical College related Hospital or Cancer Hospital according to the need.
4. The cost of this passport is Rs. 10. For B.P.L patients it will be available for free of cost from the Community Oncology Center of Cancer Hospital Ahmedabad and during various check up camps organized by Cancer Hospital.
5. You can mail your health check up report by email. (gcriad1@bsnl.in)

**Issued in public interest during the celebration of
“Sawrnim Gujarat” by Gujarat Cancer Society
with the expectation of good health for all.**

A00001



Doctor's Name :

.....

Address :

.....

Seal :

Date :

Details of Medical Insurance :

.....

Details of Cancer Insurance :

.....

Name :

Age :

Marital Status : Married UnmarriedVocation : Service Misc. Labour Dailywager
 Agri-worker Unemployed

Religion :

Address :

Phone No. :

Food : Vegetarian Non-vegetarianAddiction : Yes No Always Occasionally

Type	Daily intake	From When
Gutkha/PanMasala
Sopari
Chewing Tobacco
Smoking
Chhikani
Alcohol

Illness History

Illness	Treatment	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T.B.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood Pressure Problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cholesterol Problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Physical Examination

Weight : kg Height : cm

Pulse : BP : Hb :

Report :

.....

Advice :

.....

History of cancer in past :

Self Yes No Site :

Treatment :

Family Yes No Site :

Treatment :

Optional :

Blood Group : HIV :

Blood Sugar : HBsAg :

Oral	Others
Diagnosis :	
<input type="checkbox"/> Tooth fall <input type="checkbox"/> Foul smell <input type="checkbox"/> Inability to open mouth <input type="checkbox"/> Difficulty in swallowing <input type="checkbox"/> Earache <input type="checkbox"/> Bleeding from mouth <input type="checkbox"/> Change in voice <input type="checkbox"/> Nonhealing ulcer	<input type="checkbox"/> Lymphnode Site : Size : <input type="checkbox"/> Loss of weight and appetite <input type="checkbox"/> Cough <input type="checkbox"/> Bone pain
Condition :	
<input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Early <input type="checkbox"/> Advanced	<input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Early <input type="checkbox"/> Advanced

Advice to attend :

CHC / Dist Hospital / Medical College / GCRI

- Investigation
 Biopsy
 Refer to Cancer Center
 Regular
 Follow-up
 Refer to GCRI for

A00001

HEALTH CHECK-UP GUJARAT STATE

Date :

District :

Name :

Address :

Reg. No. Date

Abnormal Report

Mouth

Other

Condition

Normal Suspicious

Early Advanced

Advice & Suggestions

Advice -

Investigation

Biopsy

Refer to Cancer Centre

Refer to Dental Centre

Regular follow up

Refer to GCRI

Hospital

.....

.....

(To be entered electronically)

A00001

HEALTH CHECK-UP GUJARAT STATE

Date :

District :

Name :

Address :

Reg. No. Date

Abnormal Report

Mouth

Other

Condition

Normal Suspicious

Early Advanced

Advice & Suggestions

Advice -

Investigation

Biopsy

Refer to Cancer Centre

Refer to Dental Centre

Regular follow up

Refer to GCRI

Hospital

.....

.....

Physical Examination

Weight : kg

Height : cm

Pulse :

BP :

Hb :

Report :

.....

Advice :

.....

History of cancer in past :

Self Yes No

Site :

Treatment :

Family Yes No

Site :

Treatment :

Optional :

Blood Group :

Blood Sugar :

HIV :

HBsAg :

Physical Examination

Weight : kg

Height : cm

Pulse :

BP :

Hb :

Report :

.....

Advice :

.....

History of cancer in past :

Self Yes No

Site :

Treatment :

Family Yes No

Site :

Treatment :

Optional :

Blood Group :

Blood Sugar :

HIV :

HBsAg :

A00001

**HEALTH CHECK-UP
GUJARAT STATE**

Date :

District :

Name :

Address :

Reg. No. Date

Abnormal Report

Mouth

Other

Condition

Normal Suspicious

Early Advanced

Advice & Suggestions

Advice -

Investigation

Biopsy

Refer to Cancer Centre

Refer to Dental Centre

Regular follow up

Refer to GCRI

Hospital

.....

.....

(To be entered electronically)

A00001

**HEALTH CHECK-UP
GUJARAT STATE**

Date :

District :

Name :

Address :

Reg. No. Date

Abnormal Report

Mouth

Other

Condition

Normal Suspicious

Early Advanced

Advice & Suggestions

Advice -

Investigation

Biopsy

Refer to Cancer Centre

Refer to Dental Centre

Regular follow up

Refer to GCRI

Hospital

.....

.....

Physical Examination

Weight : kg
Height : cm
Pulse :
BP :
Hb :
Report :

.....
Advice :

History of cancer in past :

Self Yes No
Site :
Treatment :
Family Yes No
Site :
Treatment :

Optional :

Blood Group :
Blood Sugar :
HIV :
HBsAg :

Physical Examination

Weight : kg
Height : cm
Pulse :
BP :
Hb :
Report :

.....
Advice :

History of cancer in past :

Self Yes No
Site :
Treatment :
Family Yes No
Site :
Treatment :

Optional :

Blood Group :
Blood Sugar :
HIV :
HBsAg :

Yearly Re-Check Up

Advice given by Doctor to Patient

Check-up Report : Mouth Other

Date	Advice	Treatment taken	
		Yes	No
Year 1			
Year 2			

Yearly Re-Check Up

Advice given by Doctor to Patient

Check-up Report : Mouth Other

Date	Advice	Treatment taken	
		Yes	No
Year 3			
Year 4			

Yearly Re-Check Up

Advice given by Doctor to Patient

Check-up Report : Mouth Other

Date	Advice	Treatment taken	
		Yes	No
Year 5			
Year 6			

Yearly Re-Check Up

Advice given by Doctor to Patient

Check-up Report : Mouth Other

Date	Advice	Treatment taken	
		Yes	No
Year 7			
Year 8			

Yearly Re-Check Up

Advice given by Doctor to Patient

Check-up Report : Mouth Other

Date	Advice	Treatment taken	
		Yes	No
Year 9			
Year 10			

Please follow the below mentioned steps to control blood pressure

- ◆ Take nutritious food.
- ◆ Avoid excessive salt intake.
- ◆ Control your weight.
- ◆ Do exercise regularly.
- ◆ Avoid smoking and alcohol.
- ◆ Avoid excessive mental stress.
- ◆ Take sufficient sleep.

Please follow the below mentioned steps to control blood sugar

- ◆ Control your weight.
- ◆ Do exercise regularly.
- ◆ Take food containing fibre.
- ◆ Increase use of green vegetables, fruits and foodgrain in your meal.
- ◆ Implement the Doctors advice.
- ◆ Control sugar intake in your food.

Blood Pressure

Date	Systolic	Diastolic	Position			Advice
			Standing	Sleeping	Seating	

Normal Blood Pressure :

Systolic : 120 | Diastolic : 80

Blood Sugar

Date	Blood Sugar Measurement			Advice
	Fasting	After Meal	HbA ₁ C	

Normal Blood Sugar :

Fasting Sugar : 80-120 mg/dl

HbA₁C : < 6.5

Please fill up complete form (Risk Assessment Tool for Estimating your 10-year risk of having a Type-2 Diabetes) in adult persons

Type 2 Diabetes Risk Assessment Form

Circle the right alternative as ✓ and you can mention your additional points / details also.

1. Point Age
 - (0) Under 45 years
 - (2) 45-54 years
 - (3) 55-64 years
 - (4) Over 64 years
2. Point Body-mass index
 - (0) Lower than 25 kg/m²
 - (1) 25-30 kg/m²
 - (2) Higher than 30 kg/m²
3. Point Waist circumference measurement
 - (0) Less than 90 cm
 - (3) 90-102 cm
 - (4) More than 102 cm
4. Do you usually have daily atleast 30 minutes of physical activity at work and/or during leisure time (including normal daily activity) ?
 - (0) Yes
 - (2) No
5. How often you eat vegetables & fruit ?
 - (0) Everyday
 - (1) Not every day

6. Have you ever taken medication for high blood pressure on regular basis ?
 - (0) No
 - (2) Yes

7. Have you ever been found to have high blood glucose (eg. in a health examination, during an illness, during pregnancy) ?
 - (0) No
 - (5) Yes

8. Have any of the members of your immediate family or other relatives been diagnosed with diabetes ? (type 1 or type 2) ?
 - (0) No
 - (3) Yes. Grand parent, Aunt, Uncle or First cousin (but not own parent, brother, sister or child)
 - (5) Yes. Parent, brother, sister or own child

Total Risk Score

The risk of developing type 2 diabetes within 10 years is	
Lower than 7	Low : Estimated 1 in 100 will develop disease
7-11	Slightly high : Estimated in 25 will develop disease
12-14	Moderate : Estimated 1 in 6 will develop disease
15-20	High : Estimated in 3 will develop disease
Higher than 20	Very high : Estimated 1 in 2 will develop disease

[Test designed by Professor Jaakko Tuomilehto, Department of Public Health, University of Helsinki, and Jaana Lindström, MFS, National Public Health Institute.]

Standard Height & Weight Chart

Height	Weight (in kgs.)
5'-2"	59-63
5'-3"	60-64
5'-4"	61-65
5'-5"	62-67
5'-6"	63-68
5'-7"	64-69
5'-8"	65-71
5'-9"	67-72
5'-10"	68-73
5'-11"	69-75
6'-0"	71-77
6'-1"	72-78
6'-2"	74-80
6'-3"	75-82
6'-4"	77-84

Calorie Requirement Chart

1. Person doing work in office :
2400
2. Man doing medium physical work :
2500
3. Man doing heavy work :
3900

Please follow the below mentioned steps to control weight

- ◆ Increase use of green vegetables and fruits in your meal.
- ◆ Reduce food containing fat.
- ◆ Do exercise regularly.
- ◆ Increase use of cereals and pulse in your meal.

Weight

Date	Weight	Advice

Please follow the below mentioned steps to prevent Cancer



Avoid
Smoking



Take food
containing fibre



Avoid excessive sunlight



Save from
Pollution



Follow doctors
advice

Can Cancer be prevented ? How ?



Clean Food



Regular lifecycle and health check-up



Life free of Tobacco & Alcohol



Simple Nutritious Food

Symptoms of Oral Cancer

Cancers i.e. cancers of mouth, tongue, inside surface of the cheeks & hard palate are the most common cancers in India. In last few years the bad habit of tobacco chewing and different types of pan-masala has become very alarming. On account of this, there is possibility of severe increase in this type of oral cancer. tongue, inside surface of the cheeks, hard palate (the front part of the roof of the mouth) or the gums.

For earlier diagnosis of the oral cancer, the following symptoms need to be self-examined and if you are using tobacco then you give more attention to your health:

- ◆ White patches in the mouth or lips
- ◆ Red patches in the mouth or lips
- ◆ Uneven part
- ◆ A sore in the mouth or on the lip
- ◆ A blister in th mouth
- ◆ A part developed like grain in mouth

Self Examination of Oral Cancer

The following symptoms in the mouth make it possible to early diagnose the most oral cancers :



Self-examination : Stand in front of a mirror in sufficient light to self-examine and find out with the help of touch of finger whether there is any white patch, red patch, uneven part, sore, swollen part or part like grain. This self-examination is recommended once in a month and if there is any suspicious immediately take the advice of the doctor.

What are the measures to prevent Oral Cancer ?



Avoid
addiction of
Tobacco and
Alcohol



Take
nutritious
food



Keep the
mouth clean



Regular self-
examination
and check-up
of Mouth

Useful telephone numbers for you

Doctor	Name	Tel. No.
Family Doctor		
Cardiologist		
Surgeon		

Ambulance : 108



“MY HOUSE, FREE FROM TOBACCO”



કેટલું

ડરે તે મરે
જાણે તે જાણે

Important Instructions

- ◆ Gujarat Cancer Society will provide treatment at concession rates in case of need to the person who gets his health checked-up for continuous five years.
- ◆ The woman getting her health checked-up for continuous five years will be provided treatment at special concession rates in Cancer Hospital on presentation of the Health Passport.
- ◆ Treatment will be provided at concession rates whenever required in the Cancer Hospital to the person holding Health Passbook and donating blood.
- ◆ The BPL Cardholders will be provided free treatment.
- ◆ The persons of Schedule Caste and Schedule Tribe will be provided treatment at concession rates as per the order of the Government.

Instruction: Whenever you visit again, carry with you the Health Passport and Investigative Reports as advised to you.

Take the benefit of Cancer Insurance by depositing (lifetime premium) of Rs. 2,005/-.

Symptoms of Cancer

1. Non-healing sore for long time
2. A persistent sore throat and voice/cough for longtime
3. A lump on any part of the body
4. Sudden change in bowel or bladder habits
5. Unusual bleeding from any part of the body
6. A change in a wart or mole
7. Difficulty in swallowing food and water

The pictures pertaining to above mentioned facts are given on adjoining page.

Any of the above symptoms not necessarily indicate that you have cancer, but it is better to get yourself medically checked-up to be assured.

Indicating Symptoms of Cancer



1



2



3



4



5



6



7

Please visit the Permanent Cancer Exhibition located at Vasna to get more information about the Cancer. You may arrange visit of educational institute to this Exhibition.

**For more information & purchase of the Passport,
contact :**

- Vasna : Community Oncology Center
Near Pravinnagar Bus-stand
Vasna-Sarkhej Road, Vasna,
Ahmedabad-380 007
Ph. : 079-26608448, 26604023**
- Gujarat Cancer Society : 22688017, 22681433**
- M. P. Shah Cancer Hospital : Civil Hospital Campus,
Ahmedabad
Ph. : 079-22688000, 22688081**

The Gujarat Cancer Society and The New India Assurance Company Ltd

presents

Exceptional Health Insurance Scheme for Healthy People

Salient features of Cancer Medical expenses policy:

- Any healthy person till the age of 70 years can join in this scheme.
- Policy amounts from Rs. 50,000/- to Rs. 75,000/-
- Lifetime payment of Rs. 2005/- (For couple) – One time payment only.
- It is beneficial for the employees of small – big Institutes or Industrial groups.
- The Cheque has to be sent to **“The Gujarat Cancer Society”**.

For more information about the “Cancer Medical Expense Policy” contact:

The Gujarat Cancer Society

Community Oncology Center,
Nr. Pravinnagar Bus Stand,
Vasna Ahmedabad – 07
Phone: 26608448, 26604023

Room No. 68,
M.P. Shah Cancer Hospital,
Asarva, Ahmedabad – 16
Phone: 22688000, 22688080



'When the Health Department and its Affiliated Institutions will make its own contribution in the field of health and succeed in making Gujarat completely healthy, then in the real sense the Health Sun will rise alongwith the Golden Sun in the sky of Gujarat.'

જયનરાયણ વ્યાસ

(Hon'ble Minister
Health & Family Welfare Department
Gujarat State, Gandhinagar)

જય જય ગરવી ગુજરાત

Price Rs. : 10/-