

WELLNESS INFORMATION

Name of the Student:

Class:

Gender: Male Female Date of Birth - - / - - / - - - -

Blood Group..... Height.....cms Weight.....kgs

Identification Marks:

Any Allergy/ailment/injuries/physical disability.....

.....

Immunization Covered

Poliomyelitis (Polio Vaccine)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diphtheria/Pertussis/Tetanus (Triple Antigen)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Measles/Mumps/Rubella (M.M.R)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tuberculosis (B.C.G)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis A	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Others, kindly specify _____

Does the student have a history of

Congenital Abnormality	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rheumatic Heart Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bronchial Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hypertension	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the child fit & able to participate in sports and expedition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If not please enclose a medical certificate

Any remarks specified by the doctor _____

Is the child trained in toilet manners?

Yes

No

If not, kindly specify any problem the child faces.....
.....

Does the child require any specific diet? Kindly specify.....

I, Dr....., have examined Master/Miss
.....thoroughly and state that he/ she is medically fit to join school.

Registration No.....

Address and Contact No.....
.....

Date: _____

Place: _____

Signature of Doctor (with seal)

Declaration by Parent/Guardian

In case of medical emergency which may require surgical procedure, anesthesia, invasive procedures, administration of drugs where a written permission is obligatory, I hereby authorise the school authorities to administer medical treatment from any competent medical authority or hospital in case of emergency.

(Signature of Parent/Guardian)

Name: _____

Relationship with the pupil: _____

Address: _____

Date: _____

Contact No.: _____

Place: _____

E-mail: _____