MEDICAL CERTIFICATE

Name : ....

Date of Birth : ....

Class : ....

Height : ....

Weight : ....

Blood Group : ....

Any medical problem of your ward that the school should be aware of:

....

....

The medicines administered in the school Medical Room are:

1. Crocin   2. Digene   3. Dependal-M   4. Pudin Hara   5 Hajmola

Immunization Status

Hepatitis A

Hepatitis B

Chickenpox

H. Influenza

Meningitis

Rubella

(for girls)

Genetic & family predisposition assessment

Asthma

Hypertension

Diabetes

Obesity

Heart Disease

Arthritis

Cancer

Epilepsy

Other

Past Medical Assessment

Asthma

Respiratory Infections

Behaviour problem

Learning problem

Hyperactive

Hearing impairment

Visual impairment

Headache

Epilepsy

Stomachache

Anaemia

Orthopedic problem

Allergy

Any medication your ward is already taking_____

Name of the Doctor: .... (Regd. Medical Practitioner only)

Address ....

....

.... **Stamp and Signature of the Doctor**
(with date)

Undertaking by Parents:

I have read the rules set by the schools & i hereby abide to follow them.

_____

Signature of the Parent