DELHI PUBLIC SCHOOL

NADERGUL

School Health Record

The duty filled form, certified by the doctor to be submitted in school

General Information:

Name of the Student:_____M/F:_____

Class:_____ Student ID_____Date of Birth:_____Blood Group:____

Phone No:Residence:_____Office:_____Mobile:_____

Father's Name:_____ Mother's Name:_____

Address:_____

_____

Vaccination:

Immunization	**Age Recommended**	**Due Date**	**Date of administration**
BCG			
Hepatitis B			
DPT			
HB			
Oral Polio			
Measles			
MMR			
DPT+ OPV+HIB			
Typhoid			
Hepatitis A(2 doses)			
Chicken Pox			
DT - OPA			

BOOSTER DOSES:

Typhoid (every 3years)	Age Recommended	Due Date	Date of Administration
TT (every 5 years)			
Other Vaccines			

Signature of Father:_____ Signature of Mother :_____

HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING, POLLEN OR DUST

To be certified by a Registered Medical Practitioner:

Name of the Student: _____M/F: _____Class:_____Admission No: _____

Date of Birth :_____ Blood Group_____

Date Of Physical Examination:_____Height:_____Weight:_____

B.P_____ Pulse _____ Vision L _____R_____

Squint_____ Conjunctiva_____Cornea_____Ear L_____ R_____

Clinical Examination	Normal	Recommendation
Head and Neck		
Lymph nodes		
Upper Limb/Lower Limb		
Abdominal Examination		
Surgery		
Serious Illness		
Nails		
Skin		
Dental		
Heart and Lungs Examination		
Complete CBP		
Random Blood Sugar HBI AC		

Thyroid Profile		
ECG Repot		
LFT AND RFT		

(Enclose Reports where required)**

Summary of Current Health Condition,

_____

_____

_____

1. Fit to participate in age specific physical activity:_____
2. Fit to participate in age specific physical activity with precaution_____

   _____
3. Should not participate in competitive sport_____

Signature of Doctor_____

(With Medical Seal)

Name of the Doctor_____ Date _____