



MEDICAL FORM

Admission No.

Affix child's latest
passport size
coloured
photograph

INFORMATION OF THE CHILD

1. Name of the child (IN CAPITAL LETTERS) : _____

2. Date of Birth (IN FIGURES) : _____

(IN WORDS) : _____

3. Age as on 1st April _____ : _____ Years _____ Months _____ Days

4. Gender (Please put a Male Female

5. Blood Group : _____

6. Residential Address : _____

Phone No. : _____

Emergency Contact No. : _____

MEDICAL INFORMATION

Immunization Status (Attach Photocopy of Immunization Card):

BCG _____ OPV _____ DPT _____ Booster for OPV _____ Booster for DPT _____

Measles _____ MMR _____ Typhoid _____ Hepatitis-B _____ Any other _____

Allergies (If any) : _____

Birth History/History of major illness or disorder (If any): _____

Signature of Father: _____ Signature of Mother: _____ Date: _____

Note: Please keep us informed of changes in address and also any other information concerning the health of your child relevant to his/her well being during school hours.