

School Health Record

General Information

<p>Name:</p> <p>Date of Birth:</p> <div data-bbox="332 918 633 1243" style="border: 1px solid black; width: 185px; height: 145px; margin: 10px auto;"></div>	<p>Admission No:</p> <p>Father's Guardian's Name & Address:.....</p> <p>.....</p> <p>.....</p> <p>Phone No. Office:</p> <p>Residence : Mobile:</p>
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Note: The schools before implementing the Health Cards may consult a local Registered Medical Practitioner.

Name of the School Logo etc.

BOTH SIDES OF THIS FORM TO BE SUBMITTED AT THE TIME OF ADMISSION

Name of the Student M/F Class.....

Date of Birth Blood Group

Father's Name Mother's Name

VACCINATIONS

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Month		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Births		
	1 Months		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT - OPA	4½ Year		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			
Signature of Father	Signature of Mother		

HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

• Does the child have any problem during physical activity

Signature of Father Signature of Mother.....

To be certified by a Registered Medical Practitioner

Date of physical examination..... Height Weight.....

B.P..... Pulse Vision L R.....

Squint..... Conjunctiva..... Cornea..... Ear L..... R.....

Clinical Examination	Normal	Recommendation	
Head/Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

Summary of Current Health Condition, _____

- Fit to Participate in age specific physical activity _____
- Fit to participate in age specific physical activity with precaution _____
- Should not participate in competitive sport _____

Signature of Doctor

Name of the Doctor.....

