



Pinegrove School

ANNUAL MEDICAL REPORT

SECTION-I

(To be filled by the Parents/ Guardian)

1. Student's Name : _____ 2. Date of Medical Checkup: DD/MM/YYYY
3. Admission No. : _____ 4. Boarding No : _____
5. Class & Section : _____ 6. House : _____
7. Date of Birth: _____ Age as on Date : _____ 8. Blood Group : _____
9. Father's Name : _____ 10. Father's Mobile No. : _____
11. Mother's Name : _____ 12. Mother's Mobile No. : _____

SECTION-II

(To be filled by Registered Practitioner)

13. **General Examination:-**

(a) Height (in cms)		(b) Weight (in kg)		(c) BP	
(d) Pulse		(e) Skin		(f) Ear	
(g) Nose (Sinus/Epistaxis)		(h) Throat		(i) Chest	
(j) CVS		(k) Abdomen			

INVESTIGATIONS TO BE DONE

CBC	BS (Fasting and PP)	KFT
HBA1C	Thyroid Profile	LFT
Urine (R&M)	Stool test	Vit D
Vit B12	Iron	Ferritin

Investigations Reports to be attached

SECTION-III

(To be filled by the Doctor with the help of the Parent)

14. **Allergy (If any):-**

- (a) **Medicine** _____
- (b) **Food (kind of food/specific food item):** _____
- (if Yes, kindly attach the allergic test report)

15. **Previous History** of any Prolonged illness: -

(a) Seizure Disorder / Epilepsy		(b) Major Injury	
(c) Surgery		(d) Tuberculosis	
(e) Asthma / Breathing Problem		(f) Heart Disease	
(g) Diabetes		(h) Speech/Hearing/ Visual Impairment	
(i) Anemia		(j) Hypertension	
(k) Bed Wetting		(l) Sleep walking	
(m) Epistaxis (Nose Bleeding)		(n) Any other Medical Issue:	

16. **Ongoing Medication** (if any) _____

17. **Duration of Ongoing Medication** _____ (Attach Prescription)

**Signature of the Doctor
with Official Stamp**

SECTION-IV

(To be filled by a qualified Dentist)

18. **Dental**

(a) Oral Hygiene _____

(b) Cavities _____

(i) Filling : _____

(ii) Root Canal : _____

(iii) Braces/Capping/Implant : _____

**Signature of the Dentist
with Official Stamp**

SECTION-V

(To be filled by Ophthalmologist)

19. **Eyes**

(a) Lt vision : _____

(b) Rt Vision : _____

(c) Spectacles (if any) : _____

**Signature of the Doctor
with Official Stamp**

Important Note:- If the student wears spectacles, three pairs of spectacles should be sent with the child.

SECTION-VI

(COVID VACCINATION STATUS)

22. **COVID Vaccination Status** : Yes No *If Yes, attach certificate*

(a) **Vaccine Variant** : Covaxin Covishield Sputnik Pfizer
 Any other (_____)

(b) **Date of vaccination** : 1st Dose : DD / MM / YYYY
 2nd Dose : DD / MM / YYYY
 Booster Dose : DD / MM / YYYY

SECTION-VII
(for NEW ADMISSIONS only)

1. *Blood Group (Test report to be attached)*
2. *Immunization Record of the child to be attached*
3. *USG (Whole Abdomen)*

Important Notes:-

1. ***Please note that the school does not take any responsibility of getting the child vaccinated. It is your duty to get the child duly vaccinated from time to time.***
2. ***In case, Govt Health Sector introduces any Vaccine or medication, compulsory for children, it will be administered for his/her benefit at school.***

DECLARATION:

It is further certified that I have read the Rules and Regulations of the school and fully understand the requirement of the child to be completely medically fit in all respects to be able to live in a residential school located in a rural and hilly terrain, away from specialized medical care.

I hereby declare that all the information contained in this medical report is in accordance with facts or truths to the best of my knowledge and no such information has been deliberately concealed. I take full responsibility for the correctness of the said information and certify that my child does not suffer from any ailment, sickness, disease, any mental or physical problem and is fully fit to reside in a residential school environment.

(Parent/Legal Guardian's Signature)