

**For Students of Pinegrove School,
Distt Solan (H.P)**

PARTICULARS

Name of the student:.....

B.No..... Class House.....

Date of Examination Blood Group.....

History of any major illness/problems such as Epilepsy,
Asthma, Tuberculosis, Cardiac etc.

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History of any allergy including Allergic Reaction to any
medication:

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History of:

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|-------------------------------------|-----------------|
| 1) Nocturnal Enuresis (Bed Wetting) | Yes / No |
| 2) Somnambulism (Sleep Walking) | Yes / No |
| 3) Epistaxis (Nose Bleeding) | Yes / No |

GENERAL:

- | | |
|------------------|-----------------|
| 1) Height.....cm | 2)Weight.....Kg |
| 3) G6PD..... | |
| 4) Stool..... | |
| 5) Urine..... | |
| 6) Blood..... | |
| 7) Skin..... | |
| 8) Ear..... | |
| 9) Nose..... | |
| 10) Throat..... | |
| 11) Chest..... | |

12) Cardiovascular System (CVS)

13) Abdomen

DENTAL:

1) Oral Hygiene.....

2) Cavities/ Root Canal.....

3) Braces/Capping/Implants.....

EYES:

(Spectacles, if any) Left Eye.....Right Eye.....

(Note: If the student wears spectacles, three pairs of spectacles should be sent with the child at the time of admission.)

<u>VACCINATION</u>	<u>Given On</u>	<u>Due Date</u>
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1) BCG
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2) Polio
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3) Triple Antigen
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4) MMR
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5) Typhoid
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6) Hepatitis B
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7) Chicken Pox
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8) Tetanus Toxoid
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Please note that the school does not take any responsibility for getting the child vaccinated. *It is your duty to get the child duly vaccinated from time to time.*

It is further certified that I have read the rules and regulations and fully understand the requirement of a 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.

I hereby declare 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.

.....
(Parent/ Legal Guardian's Signature)

.....
(Medical officer's Stamp & Signature)

Name :

Date :

Relationship:

