

MEDICAL CERTIFICATE FOR SCHOOL

Name.....S/o.....

Class.....Sec. School.....

Folio No. OPD No.

Significant history of Past illness & illness in family (if any)

Examinations :

General Examinations :

Pulse..... B.P..... Pollor.....

R/R..... Cyonosios..... Temperature.....

Oedema..... Lymph Node.....

Systemic Examination :

CVS..... Respiratory System..... CNS.....

P/Abdomen.....

Surgical/Ortho Examination :

ENT Examination :

Eye Examination :

Skin Examination :

Dental Examination :

Pathological Examination :

HB%..... Blood Group.....

ABO RH.....

Urine Examination.....

Vaccination (if required)

Typhoid.....

Tetanus.....

Opinion :

In my opinion child is fit / unfit for admission to a residential school situated in hills.

Date :

Medical Officer
(Signature & Stamp)

Note : Medical Officer should atleast be an MBBS.

HEALTH CARD (IV TO XII)

Name :

Class/Sec : Age (in years) :

Height : Weight :

Medical History (Drug sensitivity or allergies, if any) :
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Operation undergone in the past, if any, specify :
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Immunization:

S.No.	VACCINE	
1.	BCG single dose(can be given till 1 yr of age)	YES/NO
2.	HEPATITIS-B (any age)	YES/NO
3.	POLIO virus (can be given till 5 yrs)	YES/NO
4.	DPT (can be given till 5 yrs)	YES/NO
5.	DTaP Booster (to be given at 10 yrs and 16 yrs of age)	YES/NO
6.	Hib (till 2 yrs of age)	YES/NO
7.	PCV (till 5 yrs of age)	YES/NO
8.	Typhoid (can be given at any age)	YES/NO
9.	MMR (can be given at any age)	YES/NO
10.	MENINGOCOCCAL (MCV) (can be given at any age)	YES/NO
11.	Chickenpox (2 Doses) (can be given at any age & mention the dates of the two doses given)	I st Dose _____ II nd Dose _____
12.	Hepatitis- A (can be given at any age)	YES/NO

Any other disease for which the child is on regular medication.
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Signature of Parent : Date :

**Medical Officer
(Signature & Stamp)**

Note : Medical Officer should atleast be an MBBS.