

The Punjab Public School, Nabha

HEALTH INFORMATION

(THE STUDENT WILL NOT BE ADMITTED IN THE ABSENCE OF THIS DOCUMENT, DULY COMPLETED)

It is essential that we have complete and accurate medical records of each new entry. Please complete every item of this questionnaire and return it after having had it countersigned by a Registered Medical Practitioner. Chest X-Ray must be submitted at the time of admission.	Allergies	Blood Group & RH Factor
Name in Full		
Date of Birth		

Please indicate if the student has suffered from any of the following infectious diseases, giving approximate dates and duration

1	Chicken Pox		6	Small Pox	
2	Measles		7	Whooping Cough	
3	German Measles		8	Typhoid	
4	Diphtheria		9	Polio	
5	Mumps		10	Any other Diseases	

Has he suffered from any of the following:-

1	Rheumatic Condition		5	Bed Wetting	
2	Dysentery		6	Heart Condition	
3	Fits or Convulsions		7	Mental Condition	
4	Worms		8	Night Blindness	

Details of any major or minor operations:

Indicate the condition of the following:-

1	Ears		5	Nose	
2	Teeth		6	Throat	
3	Eyes		7	Chest	

Has the student or parent, suffered from any of the following:-

1	Diabetes
2	Leucoderma
3	Asthma
4	Any other hereditary complaints

Is the child handicapped? If so, give details:-

Immunisation Record (Give Dates)

1	Inoculated against Triple Antigen		5	Inoculated against Tuberculosis	
2	Inoculated against Typhoid		6	Inoculated against Chicken Pox	
3	Inoculated against Cholera		7	Inoculated against Hepatitis B	
4	Inoculated against Polio		8	Inoculated against BCG	

Please delete the inappropriate words:

My son /daughter/ward is suffering from _____ disease for which I have attached on Affidavit **OR** My Son / daughter/ ward is not suffering from any disease.

I hereby permit the school authorities to vaccinate my son /daughter /ward as and when required.

Signature
(Name of Parent / Guardian)

Tele No. and Address for contacting in any emergency

Medical Examination by the Doctor (in the presence of the parent / guardian)

Examination	Results
Hb, TLC, DLC	
FBS	
General Physical Examination	
Examination of CVS	
Examination of Respiratory System	
Examination of CNS	
Abdomen	
Any congenital abnormality	
Fit/Unfit	

As per reports attached, in original (from an authorised laboratory only)

Date:

(Signature of Doctor)