

ALL SAINTS' COLLEGE, NAINITAL
MEDICAL EXAMINATION FORM 2010

Important: In the interest of their children, the parents must furnish the forms completely and accurately.

Name of Pupil: Class: House

Address :

Emergency Telephone Nos.

Date of birth: School Code No.:

No pupil will be allowed to enter the College unless this form is completely and correctly filled.

History of Vaccinations Received – (Kindly mention the date/year)

BCG Polio Hepatitis -B

Measles MMR Typhoid

Hib TAB/TT Chicken Pox.....

Hepatitis - A DPT

History of Past Illness

Mumps Chicken Pox Jaundice

Rheumatic fever Tuberculosis Seizure

Measles Fracture Operations

Asthma Any other

History of illness in the Family

Tuberculosis Diabetes Asthma

Hypertension Epilepsy Any Other

General Examination

B.P. Height Weight

Pulse Rate Resp. Rate Pallor

Jaundice Oedema Cyanosis

Lymph Node Skin Allergies..... Hair

Nails

Cardiovascular System

Heart Sound

Murmur or extra sound if any

Respiratory System

Breath sound

Crackles

Rhonchi

Gastrointestinal System

E.N.T.

Liver

Tonsils Pharynx

Spleen

D.N.S. Ear drum

Any other lump

Wax Perforation

Central Nervous System

Cranial Nerves

Tendon Reflexes

Planter

Dyslexia

DETAILS OF ANY ABNORMALITY DETECTED ABOVE

ALLERGIC TO ANY FOOD/MEDICINE

INVESTIGATIONS : (Kindly attach the photocopy of reports)

Blood Examination

Urine Examination:

Hb% E.S.R. T.L.C.

Blood Sugar D.L.C.

Rh factor ABO Group

Seal

Doctor's Signature:

OPHTHALMIC CHECK UP BY AN EYE SPECIALIST: (Please state the power of the spectacles (if any) and bring two pairs of spectacles at the time of joining school.)

Seal

Doctor's Signature

DENTAL CHECK UP BY A DENTIST:

Seal

Doctor's Signature

Home Medication Advised to the Child with prescription of the doctor attached

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In case of serious illness Parents/Guardians are immediately notified. Please give your TELEPHONE NUMBERS:

(1) (2) (3).....

You are requested to read the below mentioned rules and points before giving your signatures at the end of the form.

1. At the time of check-in after absence due to medical reasons, kindly bring your doctor’s prescription, reports and medical fitness certificate.
2. Kindly see to it that your ward is immunized for all the vaccines mentioned in the health form and mention the dates of vaccination.
3. Kindly get blood and urine tests mentioned in the form for your ward.
4. Incase your ward is on home medication, kindly submit prescriptions (or photocopy) of the doctor for the same.
5. If your ward suffers from Epilepsy, Asthma, Severe Allergic Conditions, Bed Wetting or Dietary Restrictions, she will not be accepted. Should it be discovered, subsequent to the admission, that she is suffering from an illness of serious nature, the principal will have the right to order her immediate withdrawal.
6. Medical leave will be granted only on submitting a appointment letter with the application.
7. No child is allowed to keep medicines or tonics with her in the dormitory. Medicines must be handed over to the infirmary sister with doctor’s prescription about dosage etc.
8. The school has no provision for fasting in the boarding for any reason.
9. No leave will be granted at the time of examinations especially before the final check out.
10. Information regarding any on-going medical treatment should be submitted in the office with authentic documents at the time of the child’s first check-in.

Signature of Father: _____ Signature of Mother : _____

Name of Father _____ Name of Mother: _____

Address Of Father : _____ Address Of Mother _____

Date : _____