

ALL SAINTS' COLLEGE. NAINITAL. 2022

Medical Clearance

Name:

Class & Section:

All medical papers submitted and are in order.

Signature (Infirmery incharge)

Date:

ALL SAINTS' COLLEGE. NAINITAL. 2022

Account Clearance

Code:

Name:

Class & Section:

House:

ALL ACCOUNTS CLEARED AT PRESENT.

Signature of the Accountant

Date:

MEDICAL EXAMINATION FORM 2022

Important: In the interest of their children, the parents must fill the form completely and accurately.

BOARDER /DAY SCHOLAR

Name of Pupil:

Class and Section: **Blood Group:**

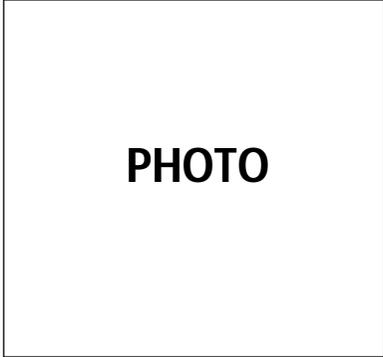
House: **School Code Number:**.....

Date of birth

Address:

Emergency telephone numbers:

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

History of Vaccinations Received

Vaccination	Date/Year	Vaccination	Date/Year	Vaccination	Date/Year
BCG		Polio		<u>Hepatitis-A</u>	
Measles		MMR		Hepatitis-B	
Hib		TT		Typhoid	
Chicken pox		DPT		Swine flu	

History of Past Illness

Mumps		Fracture	
Measles		Psychiatric	
Rheumatic fever		Jaundice	
Asthma		Seizure	
Chicken pox		Operations	
Tuberculosis		Any other	

History of illness in the Family

Tuberculosis		Epilepsy	
Hypertension		Asthma	
Diabetes		Any other	

General Examination of the pupil

Height		Weight	
Blood Pressure		Pulse Rate	
Respiratory rate		Pallor	
Jaundice		Oedema	
Cyanosis		Lymph Nodes	
Skin Allergies		Hair	
Nails		Lice	

Cardiovascular System

Heart sound	
Murmur or extra sound if any	

Respiratory system

Breath sound	
Crackles	
Rhonchi	

Gastrointestinal System

Liver	
Spleen	
Any other lump	

E.N.T.

Tonsils		Pharynx	
DNS		Ear drum	
Wax		Perforation	

Central Nervous System

Cranial Nerves		Tendon Reflexes	
Planter		Dyslexia	

DETAILS OF ANY ABNORMALITY DETECTED ABOVE

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ALLERGIC TO ANY FOOD/MEDICINE

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INTESTIGATIONS (Kindly attach the photocopy of reports)

Blood Examination

ABO-Blood Group		ESR	
Hb%		TLC	
Blood Sugar		Serum Urea	
DLC		Serum Creatinine	

Routine Urine Test:

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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)

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Seal:..... Doctor’s Signature:.....

DENTAL CHECK UP BY A DENTIST

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Seal:..... Doctor’s Signature:.....

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

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

Father: Mother:

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 from school due to medical reasons, kindly bring a photocopy of your child's doctor's prescription, reports and medical fitness certificate issued by the CMO. If **these documents are not submitted then the student will not be checked-in.**
2. Kindly see to it that your ward is immunized for all the vaccines mentioned in the health form and mention the dates/year of vaccination.
3. Kindly get the reports of the blood and urine test mentioned in the form of your ward.
4. 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.
5. In case your ward is on home medication, kindly submit prescriptions (original or photocopy) of the doctor for the same.
6. Children suffering from **HYPERTENSION, DIABETES, EPILEPSY, ASTHMA, PSYCHIATRIC ILLNESS (DEPRESSION ETC) BED WETTING AND SEVERE ALLERGIES INCLUDING DIETARY** are advised not to seek admission in the boarding and to stay as dayscholars. **If she is discovered subsequently to have any form of above mentioned illness, the principal will have the right to order the wards withdrawal.**
7. Medical leave will be granted only on submitting an appointment letter from the doctor with the application.
8. 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 and dosage.

9. The school has no provision for fasting in the boarding for any reason.
10. We authorize the school to take decisions regarding best medical treatment for our ward in our absence.

Father

Mother

Name:

Name:

Signature:

Signature:

Address:

Address:

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Date: