

Medical History Sheet

[To be filled in by a competent Medical Officer & to be submitted at the time of admission]

Name of the Student

Admission No.

(Office Use Only)

Date of Birth & Sex

M () / F ()

Person to be contacted in case of serious illness

H.No. & Street

City

State & PIN

Phone (Office) & (Residence) (O)

(R)

Is he / she free of speech defects like stammering etc?

Is the hearing normal ?

Visual standards (Both Eyes)

Are there any signs of congenital heart disease?

Are there any physical deformities like flat feet, clubbed feet, deformed spine or any other malfunction specially of limbs ?

Is he / she free of skin disease ?

Has he / she undergone any operation ? (Mention Details)

Mention any disease from which he / she has suffered and specially if he / she had any of the following :-

Diphtheria, Rheumatic fever, Typhoid, Tonsillitis, Fits, Filarial, Malaria, Enlarged glands in the neck, Mums, Chickenpox, Whooping Cough.

Does he / she suffer from chronic diarrhea ?

Has there been any case of tuberculosis in the family ?

Any other point you would like to mention for our Medical Officer

Is he / she allergic to the following ?

Penicillin

Sulfa Group

Any article of diet, clothing or drug or serum

When was he / she immunized against following (Give Dates)

Whooping Cough

Diphtheria

Typhoid & Cholera

Tetanus

BCG

Small Pox

Polio

Blood Group

Whether you would like the school to undertake the job of treatment or immunization without consulting you ?

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Date

.....
Parent

.....
Medical Practitioner