



PAWAR PUBLIC SCHOOL

MEDICAL HISTORY SHEET

Form No: _____

Name of the student: _____

Age & Date of Birth: _____ Class: _____

(To be filled and endorsed by a registered medical practitioner)

1. Name, Address, Contact No. and : _____
Regn. No of issuing authority _____
2. Has the child enjoyed good health : _____
3. Whether the child has suffered from any diseases like Diphtheria, Rheumatic fever, Typhoid, Tonsillitis ,
Epileptic Fits, Filariasis, Malaria, Enlarged glands in neck, Mumps, Measles, Chicken pox, Whooping cough or
such others : _____

4. Has he/ she undergone any operations, if yes please specify : _____

5. Has there been any case of Tuberculosis in the family : _____
6. Does the child suffer from any allergies or any other long term ailments : _____

7. Is the child allergic to any medication : _____
8. Does the child require any special attention in academics or any physical activities? If yes, Pl. Specify

9. a) Date of last vaccination : _____
b) Has he/ she had a course of Triple antigen inoculation? : _____
c) Has he/ she had a course of Tetanus toxoid inoculation? : _____
d) Has he/ she had a course of Polio vaccines? : _____
e) What is the blood group of the child? : _____

To the best of my knowledge the child is physically and mentally fit to join any regular school.

Date: _____

Signature of Parent

Signature of issuing authority

Please Note:

- All students should have vaccinations once in three years.
- All children below the age of 10 years should have a course of Triple antigen.
- Children above the age of 10 who have not Triple antigen should have course of Tetanus toxoid.
- Children below the age of 10 should have a course of Polio vaccine.
- All students should take T.A.B inoculation against Typhoid every year, preferable in June.
- Students should have regular dental check-ups and eye test at least once a year.

Follow-up, if any, recommended by the school physician should be necessarily attended to through your regular physician.