

MEDICAL REPORT OF THE CHILD

To be filled up by a Regd. Medical Practitioner
and must be submitted to the school office at the time of admission.

Name of the Child Class.....

1. Weight _____

2. Height _____

3. Blood group _____

4. Ophthalmic Problem(s) _____

5. Dental problem(s) _____

6. Genito Urinary Problem(s) _____

7. Skin Problem(s) _____

8. Allergies & Drug Reactions _____

9. ENT Problem (s) _____

10. Any regular medicine to be administered _____

11. Any Other Problem(s) _____

12. Remarks if any

Date :

Signature of the Medical Officer
Name with Regn. No. & Seal