

MEDICAL HISTORY SHEET

(To be filled-in by a Medical Officer & to be submitted at the time of admission)

Name of the Student

Father's Name

Date of Birth & Sex M () F ()

Person to be contacted in case of serious illness (Name & Address)

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, Filaria, 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 details)

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