UDAAN INNOVATIVE CLASSES

CAMPUS : Vishwamitra International School3K.M. Mile Stone,
Gangoh Nanauta Road,Gangoh,Saharanpur,Up,247341

(TO BE FILLED BY A QUALIFIED MEDICAL PRACTITIONER)

1. Name_____ 2. Class _____

3. Date of Birth _____ 4 . Weight _____

5. Height _____ 6. When was last inoculated for TABC? _____

BCG? _____

7. Eyes:
Any disease _____

Night blindness _____

Defect in color vision _____

Field of vision _____

Visual acuity _____

8. Circulatory System :
   a) Blood Pressure : Astolic_____Diastolic_____ Hean Murmur_____
   b) ECG : Details_____(Attach copy)

9. When was last inoculated for Triple ANTIGEN? _____
10. TETANUS? _____

11. When was last VACCINATED? _____

12. Is vision normal? _____

13. Is the condition of heart normal? _____

14. What is the general condition of health? _____

15. Has the child any major illness e.g. epilepsy? _____

16. Has any physical deformity? _____

17. What illness/es has the child in the last one year? _____

18. Is the child under treatment for asthma or respiration disorders? _____

19. Is the child under any medication for heart condition / epilepsy / asthma? _____

20. Any other remarks _____

21. Blood Group _____

Signature of Parent / Guardian

Signature of Medical Practitioner

with Registration No. _____

Name _____

Address _____

Phone No. _____

Mobile _____

E-Mail _____

Name of Medical Practitioner _____

Address _____

Phone No. _____

Mobile _____

E-Mail _____

Date ____ Date ____