IHHS Academy, Bathnaha

Affiliated to C.B.S.E., New Delhi

MEDICAL FORM

Admission No. .....

Please affix a recent colour photograph of the child

GENERAL INFORMATION

Name of the Child : .....

Father's Name : .....

Mother's Name : .....

Date of Birth : .....

Class : ..... Section : .....

ADDRESS

At -..... P/O - ....

Dist - ..... Contact no.- .....

ADDRESS OF LOCAL GUARDIAN

Name of local guardian : .....

At -..... P/O - .....

Dist - ..... Contact no.- .....

MEDICAL INFORMATION	Blood Group:	Height:
Weight:	Eye Vision: L- R-	Dental Hygiene:

Immunization Status (Attach Photocopy of Immunization Card)

- ☐ BCG
- ☐ OPV
- ☐ DPT
- ☐ Booster for OPV
- ☐ Booster for DPT
- ☐ Measles
- ☐ MMR
- ☐ Typhoid
- ☐ Hepatitis –B
- ☐ Any other

Allergies if any, to medicine and food

Any disorder reported by parents :

Any suggestion by family doctor:

Signature of Mother

Signature of Father

Signature of Family Doctor

Tel. _____