

DELHI PUBLIC SCHOOL, MATHURA ROAD, NEW DELHI-110003

MEDICAL FORM

HEALTH HISTORY

(Part- I)

1 Date of Physical examination..... Height Weight.....

Weight at time of birth..... Length at time of birth

Any special medical treatment given in first 4 weeks after birth
.....
.....

Clinical Examination	Normal	Recommendation	
Head / Neck			
Abdomen			
Surgery			
Serious Illness (e.g. Diabetes etc.)			
Nails			
Skin			

3 Allergy for example : (to any food, adhesive tape, bee sting etc.)

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

4 PULSE: _____ B.P. : _____

5 ORAL CAVITY Gums: _____ Colour: _____ Caries: _____
Teeth Occlusion: _____ Tonsils : _____ Lymph Nodes : _____

6 Eye: Vision: _____ Right: _____ Left : _____

7 Ears: External Ear : Right : _____ Left : _____
Middle Ear : Right : _____ Left : _____

8 Flat Feet/ Lordosis/ Kyphosis(Please tick if relevant)

9 Summary of Current Health Condition,

10 Fit to participate in physical activity Yes/ No/ with precaution (please tick)

Name of the Doctor

Signature of Doctor.....
(Official stamp with registration number)

Declaration by Parent

(Part - II)

I _____ Father/ Mother / Local Guardian of _____
student of Class/ Sec. _____ Admission No. _____ hereby confirm that the above said information
about my ward is correct .

Date: _____

Signature of Parent / Guardian _____

HEALTH HISTORY

(Part- III)

Name of the Student _____ M/F _____ Class _____

Date of Birth _____ Blood Group _____

Father's / Guardian's Name _____ Mother's Name _____

VACCINATIONS

Immunization	Due Date	Date		
BCG				
Hepatitis B				
DTP				
HIB				
OPV				
Measles				
MMR				
DPT + OPV + HIB				
Typhoid				
Hepatitis A(2 doses)				
Chicken Pox				

Previous History of Surgery (if any) :

BOOSTER DOSES

Typhoid (every 3 years)				
TT (every 5 years)				
Other Vaccines				

Signature of Father / Guardian _____

Signature of Mother _____

Name of the Doctor

Signature of Doctor
(official stamp with registration number)

Medical Fitness Certificate

(Part- IV)

(to be signed by the Medical Officer , D.P. S. Mathura Road)

Certificate that I have verified the above information regarding Master/ Miss _____ Class /
Section _____ and he/ she is medically fit/ unfit for admission in the School.

Remarks , if any _____

Date : _____

Signature of Medical Officer _____
D.P.S. Mathura Road