



## MEDICAL FORM

Admission No.

Affix child's latest  
passport size  
coloured  
photograph

### INFORMATION OF THE CHILD

1. Name of the child (IN CAPITAL LETTERS) : \_\_\_\_\_
2. Date of Birth (IN FIGURES) : \_\_\_\_\_  
(IN WORDS) : \_\_\_\_\_
3. Age as on 1st April \_\_\_\_\_ : \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
4. Gender (Please put a  ) :  Male  Female
5. Blood Group : \_\_\_\_\_
6. Residential Address : \_\_\_\_\_  
\_\_\_\_\_
- Phone No. : \_\_\_\_\_
- Emergency Contact No. : \_\_\_\_\_

### MEDICAL INFORMATION

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) : \_\_\_\_\_

Birth History/History of major illness or disorder (If any): \_\_\_\_\_

Signature of Father: \_\_\_\_\_ Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Please keep us informed of changes in address and also any other information concerning the health of your child relevant to his/her well being during school hours.