



Indian School Muladha

Passport size
Recent colour
Photograph

MEDICAL RECORD

1. Name of the student (as in the Passport): _____
2. G.R. No.: _____ Class: _____
3. Date of birth: _____ Age: _____ Gender: _____
4. Blood Group: _____ Height: _____ cm Weight: _____ kg
5. Vision: _____ (Left) _____ (Right)
6. Teeth: _____ Oral Hygiene: _____

Parent's/Guardian's Details:

	Father/Guardian	Mother
Name:		
Mobile No.:		
WhatsApp No.:		

Vital Information:	Yes	No
Allergies (Food/Medicines, etc.)		
Bronchial Asthma		
Congenital Heart Disease		
Diabetes Mellitus		
Epilepsy		
G6PD (Glucose 6 Phosphate Dehydrogenate Deficiency)		
Rheumatic fever		
Thalessemia		
Others (Specify, if any)		

VACCINATION DETAILS

Immunization	Recommended Age	Given Date
BCG HBV	At birth	
Penta (DTP, Hep B-1, Hib) + PCV-1+ IPV/OPV	2 months	
Penta (DTP, Hep B-2, Hib)+ PCV-2, OPV	4 months	
Penta (DTP, Hep B-3, Hib) + OPV	6 months	
Vit A-1	9 months	
MMR-1 Varicella*	12 months	
PCV-Booster	13 months	
MMR-2, DTP, OPV, Vit A-2	18 months	
HAV+Influenza	2 years	
DT, OPV booster	6 years	
Td	12 years	
Td	17 years	
OPV booster	18 years	

1. Is there any special area of medical concern related to your child? Please describe below so that special care may be taken.

2. Is your child on any medication? Please give details.

3. If the above is yes, please give the prescribing/attending doctor's name and contact number.

4. Has he/she undergone any surgical operations/met with any accident?

Important Note:

If your ward has any medical problem, and precautions to be taken while at school, please inform in writing the nature of problem, emergency medication to the class teacher with your contact number. Please DO NOT send medication to the school with your child. If it is very essential then it may please be handed over to the infirmary staff or else this may inadvertently be consumed by other children.

Please update the above record regularly for your child's benefit.

Signature of the parent_____

Date_____