Bhora Kalan to Ghoshgarh Road, Bhora Kalan,
District Gurugram, Haryana -122413

MEDICAL FORM

[Write in Capital Letters]

PHOTO
(Do not staple)

Note: Please keep us informed of changes in adderss and telephone no. and also any other information concerning health of your child relevant toher care during school hours

Admission No. _____ Date _____

FAMILY INFORMATION

First Name of child

Last Name of child

Date of birth

Class

Section

First Name of father

Last Name of father

First Name of mother

Last Name of mother

RESIDENTIAL ADDRESS

PHONE NOS.

Res:

Off:

Emergency:

MEDICAL INFORMATION

Blood Group

Immunization Status:(Attach photocopy of immunization card)

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

Allergies to medicine and food

Birth History/Complication/ History of Major illness, if any

Signature of Mother / Guardian

Signature of Father/ Guardian

Signature of Family Doctor with stamp

Date:_____

Doctor Regn No._____ Tel: _____