



PAWAR PUBLIC SCHOOL

MEDICAL HISTORY SHEET

Sr. No: _____

Name of the Student: _____

Age & Date of Birth: _____ Class: _____

(To be filled and endorsed by a registered medical practitioner)

1. Name, Address, Contact No. and Regn. : _____
No of issuing authority _____

2. Please share your child's Birth and Developmental history:

a) Are there any significant birth details like pre mature/post mature birth, delayed birth cry etc.

b) Does your child have any difficulties in vision/ hearing/ speech. If yes, please specify:

c) Does your child communicate his/her basic needs through words?

d) Has the child undergone any psychological evaluation? If yes, kindly specify:

e) Has your child attended any therapeutic sessions like Speech or Occupational therapy?

3. Whether the child has suffered from any diseases like Diphtheria, Rheumatic fever, Typhoid, Tonsillitis, Epileptic Fits, Filaria, Malaria, Enlarged glands in the neck, Mumps, Measles, Chicken pox, Whooping cough or such others:

4. Has he / she undergone any operations, if yes please specify: _____

5. Has there been any case of Tuberculosis in the family: _____

6. Does the child suffer from any allergies or any other long term ailments: _____

7. Is the child allergic to any medication: _____

8. Does the child require any special attention in academics or any physical activities? If yes, Pl. specify

9. a) Date of last vaccination : _____

b) Has he / she had a course of Triple antigen inoculation? : _____

c) Has he / she had a course of Tetanus toxoid inoculation?: : _____

d) Has he / she had a course of Polio vaccines? : _____

e) What is the blood group of the child? : _____

To the best of my knowledge the child is physically and mentally fit to join any regular school.

Date: _____

Signature of Parent

Sign of Issuing authority

Please Note:

- All students should have vaccinations once in three years.
 - All children below the age of 10 years should have a course of Triple antigen.
 - Children above the age of 10 who have not had Triple antigen should have a course of Tetanus toxoid.
 - Children below the age of 10 should have a course of Polio vaccine.
 - All students should take T.A.B inoculation against Typhoid every year, preferably in June
 - Students should have regular dental check— ups and eye test at least once a year.
 - If any of the above information is found to be false and incorrect, the child's admission is liable to be cancelled.
- Follow —up, if any, recommended by the school physician should be necessarily attended to through your regular physician.