



MEDICAL FORM

Write in Capital Letters

Note:

1. Please keep us informed about changes in address and telephone number, and also about any development related to your child's health.
2. All the fields are mandatory.

Affix a recent
stamp size colour
photograph of
student

FAMILY INFORMATION

Student's Name			
Date of Birth		Class	
Father's Name			
Mother's Name			
Residential Address		Phone Nos.	
		Residence	
		Office	
		Emergency	

MEDICAL INFORMATION

Blood Group (attach photocopy of the report)			
Allergies to medicine and food			
Blood Pressure		True Glucose-Fasting (attach photocopy of the report)	True Glucose-Post Prandial (attach photocopy of the report)
Physical Disability (specific)			
Does your child use spectacles? if yes: attach latest eye test report	Vision - Right Eye	Vision - Left Eye	
Colour Blindness	Weight	Height	
History of major illness (Epilepsy, Juvenile Diabetes, Asthma etc.) Any other information that the institution may need to have regarding the child's health & medical background.			

Signature of Father	Signature of Mother	Signature of Legal Guardian (if applicable)

Signature of Doctor, Reg. No. with stamp & date