

VIDYA NIKETAN

BIRLA PUBLIC SCHOOL,PILANI

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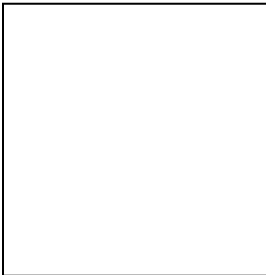


SCHOOL HEALTH RECORD

General Information

Name:

Date of Birth:



House No:.....

House.....

Father's/Guardian's Name

Address:.....

.....

Phone No. Office:Resi:.....

Mobile:

BOTH SIDES OF THIS FORM TO BE SUBMITTED

Name of the Student M/FClass.....

Date of Birth Blood Group

Father's NameMother's Name

VACCINATIONS

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Month		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Births		
	1 Months		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT - OPA	4 ^{1/2} Year		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Signature of Father

Signature of Mother

HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

Does the child have any problem during physical activity

Signature of Father Signature of Mother

HEALTH CARD

Name of student..... Date of examination.....

The major parameters on which annual medical checkup done are

Dental

Eye

General cleanliness

Systemic exam

Allergy if any

Past/family history

General appearance

Weight..... Height.....

Pulse..... BP..... Nails..... Skin..... Hair..... Anemia.....

Muscle.....Skeletal system.....Knees.....Flat feet..... Lordosis

Kyphosis.....

Eye

Eye vision R/Eye..... L/Eye..... Squint.....Conjunctivitis.....Cornea.....

ENT

ENT check up R/ear..... L/ear.....External Ear Middle Ear.....

Dental

Dental examination External-oral..... Internal - oral.....

Tooth cavity..... plaque..... Gum inflammation.....Stains.....

Tartar.....Bad breath.....Gum bleeding.....Soft tissue.....

Systemic examination

Respiratory system

Cardiovascular system

Abdomen

Nervous system

Important findings

Remarks

- fit to participate in age specific physical activities
- fit to participate in age specific physical activities with precaution
- should not participate in age specific physical activities

Date.....

Place.....

Doctor Name and Signature