



SCHOOL HEALTH REPORT

STK-IIS/18-19/GEN-health card

Indian International School Next to VSPCA, Survey no 80, Chapad Village, Chapad - Zaveripura Road, Vadodara - 391410

Name : _____ GR. No. _____ Grade : _____ Sec: _____

DOB: ____/____/____, age as on 31-03-18 _____ yrs. Gender : _____

Residential Address : _____

_____ City : _____ Pin code: _____

Phone : _____, _____ Blood Group : _____

GENERAL HEALTH FACTS as on ____/____/____ (date of med exam.)

Height : _____ cms Weight : _____ kgs BMI : _____

Nails : _____ Skin : _____ Hair : _____

ENT (Ear Nose Throat) evaluation : _____

Anaemia (if present) : Mild / Moderate / Severe Any other : _____

Allergies if any : (please complete the allergies section on page 2)

Family History : _____

Findings / remarks : _____

Doctor's name : _____ Signature : _____

SYSTEMIC EXAMINATION as on ____/____/____ (date of med exam.)

Respiratory examn.: _____

Cardio-vascular examn.: _____

Nervous system examn.: _____

Findings / remarks : _____

Doctor's name : _____ Signature : _____

OPHTHALMIC EXAMINATION (Eyes) as on ____/____/____ (date of med exam.)

Left: _____ Right : _____ Astigmatism : _____

Findings / remarks : _____

Doctor's name : _____ Signature : _____

DENTAL EXAMINATION as on ____/____/____ (date of med. exam.)

Extra-oral : _____

Intra-oral : _____

Tooth cavity : _____ Plaque : _____ Stains : _____

Tartar : _____ Braces /Retainers : _____

Gum inflammation / Bleeding : _____

Any other findings : _____

Doctor's name : _____ Signature : _____

ALLERGY / RESTRICTIONS

Food Allergy Details : _____

Drug Allergy Details : _____

ANY SPECIAL CARE DURING OUTDOOR PLAY / FIELD TRIPS

Details : _____

ANY DIAGNOSIS BY PSYCHIATRISTS/PSYCHOLOGIST/ SPECIAL NEEDS EDUCATORS

Details : _____

IN CASE OF MEDICAL EMERGENCY CONTACT:

Name of the person : _____

Emergency contact number : _____

We, the parents of the child named on page 1 confirm that the information provided herein is true and that we have shared every information necessary to ensure the general health and well-being of our child. We will not hold the school responsible for any situation arising out of information that we may have withheld.

Father's Name : _____ Signature : _____ Date : ____/____/____

Mother's Name : _____ Signature : _____ Date : ____/____/____