MY HEALTH INFO

Name:	Class Roll No.:	35
Address:		POLICE LA
	Tel No.(Residence):	oun au
	Age:	
Mother :	Mobile No.:	97517917
Father :	Mobile No.:	ov at anja
Alternative person to be contacted in	case of emergency:	Tell Distant
Tel No.:Rela	tionship with the child	e. sirteg o
F	IEALTH RECORD	
	octor / Registered Medical Practitioner)	011
Date of Examination	Blood Group	Attach
General Examination:		Report
Height	Weight	
Pulse	B.P.	
Hair:	Nails:	e di soni
Skin:	Nutritional Status:	
Systemic Examination:		
Eyes	Vision RL	
Nose		
	Carlo de la companya	
	Speech	- I real
Dental Exam	· Alexandra San	
Respiratory System		
Cardio vascular System		13021311011
Musculoskeletal System		arreld th
Abdomen	PORT CARROLL MELECULARY STATE OF THE STATE O	
1. Serious illness the child has pro	esently or had during early childhood	***************************************
Any Heart problem		
Asthma		
Convulsion/Fits		
Genetic disorder	The second secon	Machine Time Talk Control
Blackouts		
Diabetes		Lealman
Hypertension		
History of corrective surgery	TROOT CO. SHYN	WA
Any other (specify)		

I. Bee/Insect stings	
II. Medicines (Specify)	
III. Food (Specify)	
Yes, What Happens	
fow Severe	aha s
Medicine to be taken	
Physical Fitness	
it to participate in age specific physical activity	The second second section and problem
leeds to take precaution	
Should not participate in competitive sports	The second second second
. Vaccinations Completed	Yes/No
	* * *
and the second s	The state of the s
Name & Stamp of the Doctor	Signature
Does your child take any medication on a routine Yes No If yes, give details of a	basis.
	die medicines diet are
currently being taken by your child	
Name/s	Purpose
Name/s In school	
Name/s In school At Home	Purpose
Name/s In school At Home My child does/does not have any health issues pr	Purpose
Name/s In school At Home My child does/does not have any health issues pro I understand that the school is well-equipped to	Purpose resently o provide first aid to students
Name/s In school At Home My child does/does not have any health issues properties of the school is well-equipped to but whenever further treatment and management	Purpose resently o provide first aid to students t is required, the onus shall lie
Name/s In school At Home My child does/does not have any health issues property in the school is well-equipped to but whenever further treatment and management with the parents only. However, in case of emergence	Purpose resently o provide first aid to students it is required, the onus shall lie gency, I authorize the school to
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Name/s In school At Home My child does/does not have any health issues properties of the properties of the properties of the parents only. However, in case of emergence take necessary action for the well being of my children. Date (Name of the Parent)	Purpose resently o provide first aid to students t is required, the onus shall lie gency, I authorize the school to ld.
Name/s In school At Home My child does/does not have any health issues properties of understand that the school is well-equipped to but whenever further treatment and management with the parents only. However, in case of emergence take necessary action for the well being of my children and managements.	Purpose resently o provide first aid to students t is required, the onus shall lie gency, I authorize the school to ld.