

# DELHI PUBLIC SCHOOL, JALANDHAR

## HEALTH CARD

1. Name of the student \_\_\_\_\_
2. Class \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Father's Name \_\_\_\_\_
5. Address \_\_\_\_\_  
(With Tel. No.) \_\_\_\_\_

### 6. Immunisation History

- |                                 |          |
|---------------------------------|----------|
| BCG                             | : Yes/No |
| DPT                             | : Yes/No |
| Oral Polio                      | : Yes/No |
| DT                              | : Yes/No |
| Measles/MMR                     | : Yes/No |
| Tetanus Booster<br>(7-16 Years) | : Yes/No |
| Typhoid                         | : Yes/No |
| Cholera                         | : Yes/No |
| Meningitis                      | : Yes/No |
| Any Other                       |          |

Vaccines NO. (a) to (f) are Compulsory

No. (g) and (h) are optional, but recommended to be given once a year.

No. (i) and (j) are optional, but recommended.

### 7. History of past illness:

- A) Specific diseases suffered \_\_\_\_\_
- B) Operation undergone if any \_\_\_\_\_  
Specify. \_\_\_\_\_
- C) Allergies, if any specify \_\_\_\_\_
- D) Any other disease for which the  
Child is on regular medication \_\_\_\_\_

### 8. Blood Group \_\_\_\_\_

**Signature of Parents**

### **Medical Certificate Of Fitness (From Registered Doctor)**

This is to certify that, I, Dr. \_\_\_\_\_ have examined \_\_\_\_\_

Aged \_\_\_\_\_ Years, S.O or D/O \_\_\_\_\_ on date \_\_\_\_\_

His/Her visual acuity is normal/corrected with glasses. There is no other illness which would render the child unfit to join school. He/She is fit /unfit to join school.

### **SIGNATURE OF DOCTOR WITH STAMP**

**Name:**

**Reg. No.**

**Date:**