

**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 : Yes/No
- (7-16 Years)
- 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:**

