



ST. KAREN'S SECONDARY SCHOOL

Khagaul Road, Danapur, Patna

Phone : 7541812099

Session : 2020-2022

MEDICAL DECLARATION & HISTORY OF THE STUDENT

Name of Student : Class & Sec.

Registration No. : Admission No. : Date :

Name of Parent : Relation :

MEDICAL HISTORY*

| | | | | | | | | | |
|----------------|----------------------|-----------------------|----------------------|----------|----------------------|---------------------|----------------------|---------------|----------------------|
| Age : | <input type="text"/> | Sex : | <input type="text"/> | Height : | <input type="text"/> | Weight : | <input type="text"/> | Blood Group : | <input type="text"/> |
| Immunization | : | Chicken Pox | <input type="text"/> | DPT | <input type="text"/> | Measles | <input type="text"/> | | |
| | | Hepatitis B | <input type="text"/> | Polio | <input type="text"/> | Typhoid | <input type="text"/> | | |
| Any History of | : | Asthama | <input type="text"/> | Epilepsy | <input type="text"/> | RHD | <input type="text"/> | | |
| | | Tuberculosis | <input type="text"/> | Diabetes | <input type="text"/> | Seizures | <input type="text"/> | | |
| | | Any Major Operation | <input type="text"/> | | | Any Chronic illness | <input type="text"/> | | |
| Any History of | : | Drug Allergy | <input type="text"/> | | | Food Allergy | <input type="text"/> | | |
| | | Pollen / Dust Allergy | <input type="text"/> | | | Any known substance | <input type="text"/> | | |

* In the best interest of your ward, please give an accurate history to the doctor.

MEDICAL EXAMINATION

General :

SYSTEMIC

Respiratory :

CVS :

Abdomen :

CNS :

SPECIAL SENSE

Vision :

Speech :

Hearing :

Any Special Weakness :

Any behavioural abnormality :

Comments :

(Doctor's Signature)

Registration No. :

Date.....