

# SHMDSCHOOL

A Senior Secondary School affiliated to CBSE Delhi

JAIGAON-736182, DIST. : ALIPURDUAR, WEST BENGAL

## HEALTH CARD

NAME :	Session		Session		Session	
	Class	Sec.	Class	Sec.	Class	Sec.

Date of Birth :

Blood Group

Father's/Guardian's Name & Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. / Mobile No. : \_\_\_\_\_

### Health History

(To be filled up by parents)

#### Immunization

BCG	<input type="text"/>	DPT	<input type="text"/>	HB	<input type="text"/>
Hepatitis A	<input type="text"/>	Hepatitis B	<input type="text"/>	Oral Polio	<input type="text"/>
Measles	<input type="text"/>	Typhoid	<input type="text"/>	Chicken Pox	<input type="text"/>

Allergy : \_\_\_\_\_

Fit to participate in age specific Physical activity \_\_\_\_\_

Fit to participate with precaution \_\_\_\_\_

Should not participate in Competitive sport \_\_\_\_\_

Name of Doctor : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Parent's Signature

	Session	Session	Session
<b>Particulars</b>			
Weight (in Kg)			
Height (in Cm)			
<b>Eye / Vision</b>			
RE			
LE			
Squint			
Conjunctive			
Cornea			
<b>Ears</b>			
External Ear			
Middle Ear			
<b>Oral</b>			
Cavity			
Plaque			
Gum inflammation / bleeding			
Tarter			
Tonsil			
Pulse			
BP			
Nails			
Muscles			
Knee / feet			
Anemia (mild / moderate / Severe / absent)			
Nose			
Throat			

Important findings : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remarks : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Medical Officer's Name &amp; Signature</b>			
<b>Date</b>			
<b>Parent's Signature</b>			