STUDENT MEDICAL INFORMATION FORM

NAME OF THE STUDENT : .....

ADMISSION FORM NO. : ..... ADMISSION NO : .....

(For Office Use Only)

FATHER'S NAME : .....

MOTHER'S NAME : .....

ADDRESS : .....

.....

Paste Photograph Here of FATHER	Paste Photograph Here of MOTHER	Paste Photograph Here of STUDENT

GENERAL MEDICAL HISTORY

Age : ..... Height : ..... Weight : ..... Blood Group : ..... Sex : .....

Impairments (if any) [Please tick the appropriate box]

		Yes	No
1.	Vision :	☐	☐
2.	Hearing :	☐	☐
3.	Behaviour :	☐	☐

4. Language or Speech disorder [if any] : .....

5. Fit for Sports or any physical activity : Yes ☐ No ☐

6. Any other disease or medical history : .....

(Please specify if any)

7. In case of emergency :
   1. Contact Person's Name : .....
   2. Relationship with the student : .....
   3. Address and contact no. : .....

   .....

   .....

8. Allergy to any food or substances (if any) : .....

DECLARATION BY THE PARENT / GUARDIAN

I hereby attest that all the information listed above is true to the best of my knowledge and believe.

Signature of the Parent/Guardian