



DON BOSCO

SCHOOL OF EXCELLENCE

Don Bosco Puram, Thudiyalur - Saravanampatti Road, Vellakinar, Coimbatore - 641 029.
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MEDICAL FORM

I. STUDENT INFORMATION

Affix Recent Passport
Size Photo Colour
Photograph
(1.5 inch x 2 inch)

NAME :

Grade :

Sec :

Gender :

Male :

Female :

Date of Birth (DD/MM/YYYY) :

D

D

M

M

Y

Y

Y

Y

Blood Group :

Height :

cms

Weight:

kgs

Identification Mark 1 :

Identification Mark 2 :

Father's Name :

Mother's Name :

Communication Address :

Father's Mobile No. :

Mother's Mobile No. :

Father's Mail ID :

Mother's Mail ID :

Local Guardian Name :

(If under the care of local Guardian)

Communication Address :

Mobile :

Email :

Health and physique : Any allergy / ailment / physical disability / learning difficulty?

HAS THE CHILD BEEN IMMUNIZED FOR

a. Poliomyelitis (Polio Vaccine)

YES

NO

b. Diphtheria / Pertussis / Tetanus (Triple Antigen)

YES

NO

c. Measles / Mumps / Rubella (M.M.R)

YES

NO

- | | | |
|-------------------------|------------------------------|-----------------------------|
| d. Tuberculosis (B.C.G) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. Hepatitis B | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f. Hepatitis A | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

ANY OTHER VACCINATION TAKEN PREVIOUSLY (PLEASE MENTION)

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WHETHER THE STUDENT HAS A HISTORY OF (IF YES, ATTACH THE DOCTOR CERTIFICATE)

- | | | |
|----------------------------|------------------------------|-----------------------------|
| a) Congenital abnormality | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b) Rheumatic heart disease | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c) Bronchial asthma | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d) Epilepsy | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e) Diabetes | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f) Hypertension | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| g) Tuberculosis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

DOCTOR'S DECLARATION

I, Dr have examined Mr. / Miss.....

Grade thoroughly and state that he / she is medically fit to join school.

Participate in sports and expeditions.

Doctor's Registration number:.....

Address and Contact no :.....

.....

Date :

Place :

Signature of Doctor with Seal