



Gurukul Kindergarten

MEDICAL FORM

(To be filled by a registered MBBS/MD only)

Date:

Appl. Form No.:

Dear Doctor,

The details in this form are essential to the school to provide the best possible guidance in an emergency for the child. Please ensure accuracy.

- School Authorities

01. Name of the Child:

02. Date of Birth:

03. Blood Group:

04. Parent's / Guardian's Name and Address:

05. Physical Measurements taken on: Date:

a) Height in centimetres:

b) Weight in kilograms:

06. Preventive Measures taken: [Give dates against the immunisation]

a) BCG

b) OPV

c) MMR

d) Measles

e) DPT

f) Booster

g) Hepatitis A
optional

h) Hepatitis B

i) Any other preventive measure

07. Previous Illness, If any: (Record dates against the disease)

(Please indicate Respiratory, Neurological, Cardiovascular or other; specify Asthma, Epilepsy etc.)

08. Operations / Hospitalizations, if any: [Give date]

09. Medical Examination

a. General Build and Constitution:

b. Physical Concerns if any:

c. Eye sight:

d. ENT check:

e. Speech:

f. Under any medication currently?

g. Any allergies?

h. Any Concerns / Recommendations regarding child's fitness for school? Please specify.

I hereby attest that the above information is complete, true and correct as per my professional evaluation

Signature, Date and Stamp (with registration no. and address) of the Doctor

I hereby attest that the above information is complete, true and correct and that no vital medical information about the child has been withheld from the school.

Signature of Parent/Guardian:

Date:

DD / MM / YYYY