

## JAIN PUBLIC SCHOOL

(A Unit of JAIN GROUP OF INSTITUTIONS)

738

## **WELLNESS INFORMATION**

Name of the Student				tuped ylinege et elsi Joy	
Class				Affix recent passport-size colour photograph	
Gender: Male Female					
Blood Group Height _					
Any allergy					
Immunization Covered					
Poliomyelitis (Polio Vaccine)	Yes	No 🔲			
Diphtheria/ Pertussis/ Tetanus (Triple Antigen)	Yes	No 🔲			
Measles/ Mumps / Rubella (M.M.R)	Yes	No 🔲			
Tuberculosis (B.C.G)	Yes	No 🔲			
Hepatitis B	Yes	No 🔲			
Hepatitis A	Yes	No 🗌			
Others, kindly specify			والمواقع الأشاران و		
Does the student have a history of					
Congenital Abnormality	Yes	No 🔲			
Rheumatic Heart Disease	Yes 🗌	No 🗌			
Bronchial Asthma	Yes	No 🔲			
Epilepsy	Yes	No 🔲			
Diabetes	Yes 🔲	No 🔲			
Hypertension	Yes 🗌	No 🗌			
Tuberculosis	Yes	No 🔲			

	cipate in sports and expedition? Yes No
f not please enclose a medical cer	runcate
Any remarks specified by the	e doctor
	MOLTAMAGAM SESMITISM - SES
s the child trained with toile	
	blem the child faces
-32	pecific diet? Kindly specify
	AND
l, Dr	, have examined Master / Mis
	thoroughly and state that he/ she is medically fit to join school.
Registration No	All the same and t
Address and Contact No	
/	
Date	Out Out
Place	Ow Oak administration of the contract of the c
	Signature of Doctor (with seal)
	Declaration by Parents / Guardian
	cy which may require surgical procedure, anesthesia, invasive procedures, administration of drug obligatory, I hereby request the school authorities to authorise on my behalf. Medical treatment may be nedical authority or institution.
S\$2 W	
372 (5	(Signature of Parent / Guardian)
Date	
Date	
Date	Name
Date	Name Relationship with the pupil
Place	Name  Relationship with the pupil  Address