



Delhi Public School Vasant Kunj

SCHOOL HEALTH RECORD

GENERAL INFORMATION

Name : _____	Father's Name : _____
Date of Birth : _____	Mother's Name : _____
Admission No. : _____	Guardian's Name : _____
	Address : _____ _____

Blood Group : _____	Phone No. (Office) _____
	Phone No. (Res.) _____
	Mobile No. (Father) : _____
	Mobile No. (Mother) : _____
	e-mail id : _____
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VACCINATION (To be certified by a Registered Medical Practitioner)

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Months		
DPT	2 Months		
	3 Months		
	4 Months		
HIB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken-Pox	After 1 Year		
DT-OPV	4½ Years		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

HEALTH HISTORY

Allergy to Any Food, Drugs, Bee-sting, Contact with Skin

Allergy	What happened	How severe	Medication taken at the time of Allergy

Does the child have any problem during physical activity _____

Signature of Father _____

Signature of Mother _____

Name _____ Date of Birth _____

Date of Physical Examination _____

- Height in cm
- Weight in Kg
- Pulse
- BP

v EYE

- Vision R
- L
- Squint
- Conjunctiva
- Cornea

v EAR

- External ear R
- L
- Middle ear R
- L

v ORAL CAVITY

- Gums
- Colour
- Teeth occlusion
- Carries
- Tonsils
- Lymph Nodes

v SKIN

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v NAILS

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- v Head/ Neck
- v Abdomen
- v Musculo - skeletal system
- (Knees, Flat Feet, Lordosis, Kyphosis)

v Systematic examination

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v Serious illness

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Summary of Current Health condition

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- Fit to participate in age specific physical activity
- Fit to participate in age specific physical activity with precaution
- Should not participate in competitive sport

Name of Doctor _____

Signature of Doctor