



Delhi Public School, Jaipur

HEALTH INFORMATION AT ADMISSION

NAME : CLASS : SEC. :

SEX : DOB : ADM. NO. :

A) VACCINATION (with date, please send photocopy of proof)

1. Chicken Pox
2. Typhoid
3. Hepatitis A
4. Hepatitis B
5. Measles
6. HIB

B) BLOOD GROUP

C) IS CHILD ASTHAMATIC (a) Yes (b) No

D) MEDICINE / INHALERS USED

E) ALLERGIES

1. Medicine
2. Soap
3. Cream
4. Dust
5. Food

F) COMMON MEDICINES USED BY THE CHILD

1.
2.
3.
4.
5.

G) VISION (a) N/V (R)..... (L)..... (b) F/V (R)..... (L).....
(Please send a spare pair of spectacles along with a photocopy of eyesight reading)

H) DENTAL CHECKUPS (due on date). Problem :

Please enclose a medical certificate from registered medical practitioner certifying that the child is free from transmissible disease and is fit to join the school.

Signature of the Parent