



JYOTI CENTRAL HIGH SCHOOL Medical Form



[Use Capital Letters Only]

Admission No. _____

Please affix a recent
coloured photograph
of the child

Note : Please keep us Informed of changes in address and also
any other information concerning the health of your child relevant to
his / her care during school hours.

INFORMATION OF THE CHILD

Last Name First Name

Gender: Male Female Date of Birth D M Y

Age: Class Section

Father's Last Name First Name

Mother's Last Name First Name

Home Address

.....

..... Phone (Residence)

Phone (Office) Emergency / Mobile

MEDICAL INFORMATION :

Blood Group :

Immunization Status (Attach Photocopy of Immunization Card)

BCG OPV DPT Booster for OPV Booster for DPT

Measles MMR Typhoid Hepatitis - B Any Other

Allergies if any, to medicine and food

Birth History / History of major illness or disorder, if any :

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.....
**Signature of
Father / Guardian**

.....
**Signature of
Mother / Guardian**

.....
**Signature of
Family Doctor (with seal)**

Date :

Regn. No.

Tel. :