

Delhi Public School Mathura Road

MEDICAL FORM

Medical History of the Child

(Part I)

(to be signed by a Regd. Parent)

I _____ Father / Mother / Local Guardian of _____ student of Class/ Sec. _____
Admission No. _____ hereby confirm that my child/ ward is suffering from/ not suffering from:

- a) Allergy to any food/ drug
- b) Fits
- c) Bronchial Asthma/ Bronchospasms
- d) Any other disease for which the child is on regular medication. (Parents to note that concealing correct history may result in expulsion from School/ Hostel)

Date: _____ Signature of Parent/ Guardian _____

Medical Fitness Certificate

(Part II)

(to be signed by a Regd. Medical Practitioner)

Certified that Master/ Miss _____

- is medically fit.
- has no allergy
- has not suffered from any acute / chronic disease which needs constant Medical Supervision (if yes, please specify)

Date: _____ Signature of Medical Officer _____ Name with Regn. No. & Seal _____

Medical Fitness Certificate

(Part III)

(to be filled, stamped & signed by a Regd. Medical Practitioner)

Certified that Master/ Miss _____ has been immunized against:

1. TAB on date _____
2. Injection against Hepatitis B
 - a) 1st dose on date _____
 - b) 2nd dose on date _____
 - c) 3rd dose on date _____
3. Injection against Hepatitis A _____
4. Blood Group _____

This is to certify that the above vaccines have been given at our center under my personal supervision on dates mentioned against each vaccine.

Date: _____
Place: _____ Immunologist _____ Name with Seal _____

Medical Fitness Certificate

(Part IV)

(to be signed the Medical Officer, D.P.S. Mathura Road)

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Certified that I have examined Master / Miss _____ Class / Section _____ and he/ she is medically fit / unfit for admission in the School/ Hostel

Remarks, if any _____

Date _____ Signature of Medical Officer _____
D.P.S. Mathura Road

