

SRI DASMESH ACADEMY, ANANDPUR SAHIB
DISTT.RUPNAGAR (PUNJAB)

Tele: 01887-

232002, 232005, 230977

Website: sridasmeshacademy.org

Email: sda_aps@yahoo.co.in

SCHOOL HEALTH RECORD

General Information

Name: _____	Admission No. _____
Date of Birth: _____	Father's/Guardian's name & Address: _____
Recent Passport size Photograph	_____

	Phone No. Office _____
	Residence _____
	Mobile _____

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BOTH SIDES OF THIS FORM TO BE SUBMITTED AT THE TIME OF ADMISSION

Name of the student _____ M/F _____ Class _____

Date of Birth _____ Blood Group _____

Father's Name _____ Mother's Name _____

VACCINATIONS

Immunization	Age Recommended	Due Date	Date
BCG	0-1		
Hepatitis B	At Birth		
	1 Month		
	6 Months		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Births		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 years		
Hepatitis 2 (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT- OPA	4 ½ year		

BOOSTER DOSES

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

Signature of Father _____ Signature of Mother _____

HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

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.....

To be certified by a Registered Medical Practitioner

Date of Physical examination _____ Height _____

_____ Weight _____

B.P. _____ Pulse _____ vision L _____ R _____

Squint _____ Conjunctive _____ Cornea _____ Ear
L _____ R _____

Clinical Examination	Normal	Recommendation	
Head/Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

Summary of current Health Condition : _____

- 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 the Doctor

Signature of Doctor

