

GAUTAM SINGHANIA GLOBAL SCHOOL

(PARENT QUESTIONNAIRE & MEDICAL EXMINATION SHEET TO BE SUBMITTED IN SCHOOL IN PERSON AT THE TIME OF DOCUMENT VERIFICATION)

Dear Parent,

You are requested to submit this document to the school at the time of document verification of your ward's admission. The Medical Examination Sheet should be duly signed and certified by a Registered Medical Practitioner with qualification of MBBS or above. **It is mandatory to fill all the details mentioned in the format given below.**

Name of the student _____

Date of Birth _____ Gender _____ Class _____

Father's Name _____ Mother's Name _____

Father's email id and mobile Number _____

Mother's email id and mobile Number _____

Residential Address _____

Emergency Contact No: _____

Type of delivery: Normal / Forceps / Vaccum / Caesarean _____

Problems if any in neonatal period (1st 4 weeks of life) _____

Standing without support age: _____ Walking Age : _____ Talking Age: _____

IMMUNIZATION

Type	Yes / No	Date	Type	Yes / No	Date
BCG			Chicken Pox		
POLIO VACCINE			Influenza B Conjugate		
MEASLES VACCINE			Hepatitis B		
MMR			Hepatitis A		
1 st Booster Polio / Triple (2 yrs.)			2 nd Booster Polio / Triple (5 yrs.)		
Cholera / Typhoid					

PAST / PRESENT ILLNESS: MENTION YES / NO

Type	Yes / No	FAMILY HISTORY	
		MENTION: YES / NO	
MEASLES		TUBERCULOSIS	
MUMPS		ASTHMA	
CHECKEN POX		BLEEDING TENDENCY	
WHOOPING COUGH		EPILEPSY	
POLIOMYELITIS			
RHEUMATIC FEVER			
ASTHMA / ALLERGIC BRONCHITIS			
CONVULSION			
JAUNDICE			
TYPHOID			
MALARIA			
Diabetes Type 1 / 2			

MEDICAL EXAMINATION SHEET- Mas. /Miss. _____

Blood Group		Hb gm %		Pulse rate	
Height in cm. & Weight in Kg.		Vision Power	Normal/ Left / Right	Respiratory rate	

Is the child allergic to any medicine -

Has the child been hospitalized ever, if so specify the ailment & period of hospitalization-

Please submit history of any previous disease, If yes, is the child on regular medication?

Does the child avail the services of Clinical Psychologist, Speech therapist or Occupational therapist? If yes, please mention since when and the details of the above.

Any other abnormality if observed-

Is the child vaccinated as medically required? Yes / No

Doctor's note and fitness verification-

I certify that I have carefully examined Mas./Ms. _____ son / daughter of _____ whose signatures are given below. Based on the examination, I certify that he / she is in good mental and physical health and is free from any physical defects which may interfere with his / her studies.

Doctor's Name	Regn. No.	Signature	Date	Stamp

Declaration from the parents -

I / we parents of _____ have carefully provided the information with regards to the medical examination of my ward and certify that the same is true to our knowledge and valid in all respects. I am / we are aware and understand that this information is shared with school for the benefit and wellbeing of my / our child.

Name of the student: _____

Kindly affix the latest I-card size photograph of the applicant in this space.

Father's Name and Signature : _____

Father's Mobile No : _____

Mother's Name, Signature : _____

Mother's Mobile No. : _____

Place: _____ **Date:** _____
