

HIM ACADEMY PUBLIC SCHOOL

Hamirpur, Himachal Pradesh-177001

1. Name of the student:

2. Father's Name:

3. Address:

Photograph
of student
attested
by the
Medical Officer
(Recent)

4. Height (cm): Weight (kg):

5. Visual Standard (both eyes):

6. Hearing:

7. Any Dental Problems:

8. Speech Defects (stammering etc.) :

9. Any skin disease:

10. Physical deformities:

11. Sign of CVS/Pulmonary Disorder:

12. Personal History

Have you suffered from any of the following illness/conditions in past?: (Yes/No)			
Regular illness	<input type="text"/>	TB	<input type="text"/>
Thalassemia	<input type="text"/>	Asthma	<input type="text"/>
Dog bite	<input type="text"/>	Sinusitis	<input type="text"/>
Chronic Gastritis	<input type="text"/>	Seizure	<input type="text"/>
Kidney or GB trouble	<input type="text"/>	Severe head injury	<input type="text"/>
Chronic Bronchitis	<input type="text"/>		<input type="text"/>

13. Is the child allergic to any substance/material/thing:

Allergy to any serum or Medicine:

14. Medicines prescribed at the time of admission (if any):

15. Any other relevant medical history:

16. Has he/she had :

Yes/No

a) Chicken Pox ?

_____ If so, when ? _____

b) Diphtheria ?

_____ If so, when ? _____

c) Measles ?

_____ If so, when ? _____

d) Mumps ?

_____ If so, when ? _____

e) Rheumatic Fever ?

_____ If so, when ? _____

17. Has he/she been successfully :

Yes/No

a) Inoculated against Typhoid ?

_____ If so, when ? _____

b) Actively immunized against :

i) DPT/Heps.TT

_____ If so, when ? _____

ii) Whooping Cough ?

_____ If so, when ? _____

iii) Any other disease ?

_____ If so, when ? _____

18. Did he undergo any surgical operation ?

If so, give particulars and dates.

19. History of serious hereditary ailments in the family.

20. The following investigations should be available with your ward at the time of admission

Test for New Students

- a) CBC
- b) Urine R/E
- c) Thyroid Profile (T3, T4, TSH)
- d) Fasting Blood Sugar
- e) X-ray Chest-AP
- f) USG (Whole Abdomen)
- g) Blood group
- h) LFT and KFT

Test for Old Students

- a) CBC
- b) Urine R/E
- c) Thyroid Profile (T3, T4, TSH)
- d) Fasting Blood Sugar
- e) Blood group
- f) LFT and KFT

Signature of Parent/Guardian

Name : _____

Relation : _____

Signature of student**Signature of Medical Officer**

Name : _____

Address : _____

HAPS Health Officer/Nurse _____

Stamp

Place: _____

Date: _____