

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		TB	
Thalassemia		Asthma	
Dog bite		Sinusitis	
Chronic Gastritis		Fits	
Kidney or GB trouble		Severe head injury	
Chronic Bronchitis		Covid-19	

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 :

- a) Chicken Pox ?
- b) Diphtheria ?
- c) Measles ?
- d) Mumps ?
- e) Rheumatic Fever ?

Yes/No

_____ If so, when ? _____
 _____ If so, when ? _____
 _____ If so, when ? _____
 _____ If so, when ? _____
 _____ If so, when ? _____

17. Has he/she been successfully :

- a) Inoculated against Typhoid ?
- b) Actively immunized against :
 - i) DPT/Heps.TT
 - ii) Whooping Cough ?
 - iii) Any other disease ?
- c) Vaccinated against Covid-19?

Yes/No

_____ If so, when ? _____
 _____ If so, when ? _____
 _____ If so, when ? _____
 _____ 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

Test for Old Students

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

Signature of Parent/Guardian

Name : _____

Relation : _____

Signature of student

Signature of Medical Officer

Name : _____

Address : _____

HAPS Health Officer/Nurse _____

Stamp

Place: _____

Date: _____