



HIM ACADEMY PUBLIC SCHOOL

Hira Nagar, Hamirpur (H.P.)-177001 Ph.: 01972-222829, 223428

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School Code: 1573

Affiliated to H.P. Board of School Education, Dharamshala

Affiliation No.-14056

1. Name of the student:
2. Father's Name:
3. Address:
4. Height (cm): _____
5. Visual Standard (both eyes): _____
6. Hearing: _____
7. Dental: _____
8. Speech Defects (stammering etc.) : _____
9. Any skin disease: _____
10. Physical deformities: _____
11. Sign of congenital heart disease: _____
12. Any history of chronic diarrhoea: _____
13. Is the child allergic to anything? If yes, give details: _____

- Allergy to any serum or drug: _____
14. Blood Group: _____
15. Medicines prescribed at the time of admission (if any): _____

16. Any other information for the school doctor: _____

Photograph
of student
attested
by the
Medical Officer

17. Has he 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 ? _____

18. Has he been successfully :

- a) Inoculated against Typhoid ?
- b) Actively immunized against :
 - i) Diphtheria ?
 - ii) Whooping Cough ?
 - iii) Any other disease ?

Yes/No

_____ If so, when ? _____

_____ If so, when ? _____

_____ If so, when ? _____

19. Has he had :

- a) Fits ?
- b) Any discharge from ear/ears drum ruptured ?
- c) Asthma ?
- d) Incontinence of Urine ?

Yes/No

_____ If so, when ? _____

_____ If so, when ? _____

_____ If so, when ? _____

_____ If so, when ? _____

20. Has he/she been bitten by any Animal (Dog, Monkey etc.)

_____ If so, when ? _____

21. Has he/she had any serious illness ?

If so, give particulars and dates.

22. Did he undergo any surgical operation ?

If so, give particulars and dates.

23. History of serious hereditary ailments in the family.

Signature of Parent/Guardian

Name : _____

Relation : _____

Signature of student

Signature of Medical Officer

Name : _____

Address : _____

Stamp

Place: _____

Date: _____