



D.A.V. PUBLIC SCHOOL, SECTOR – 14, FARIDABAD

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 Month		
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 Birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT + OPV + HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT-OPA	4½ years		

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)

ORAL CAVITY	Normal	Recommendation	Remarks
GUMS			
Colour			
Teeth Occlusion			
Caries			
TONSILS			
Lymph Nodes			

Clinical Examination			
Head / Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

Summary of Current Health Condition

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- Fit to participate in age specific physical activity
- Fit to participate in age specific activity with precautions
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- Should not participate in competitive sport

Name of the Doctor

Signature of the doctor