

VIDHYA BOARDING HOUSE



CHILDS MEDICAL RECORDS

(To be filled in by PARENTS)

Part I : PERSONALITY AND HEALTH

Name			
	(First Name)	(Middle Name)	(Surname)
Date of Birth (D/M/Y)		Blood Group	

MALE FEMALE

Does your child have any peculiar habits ? Such as :

a) Does the Child Wet his/her Bed ? Yes No

b) Does the Child Sleep walk ? Yes No

Please provide details if your child has any other specific habits that require supervision:

Please provide information if your child has any HEALTH related problems requiring special attention. It should be mentioned here to help the institution help the child:

My child has been immunized from all infectious diseases Yes No

I confirm that, to the best of my knowledge, the information provided in this form is correct.

Signature of Parent/ Guardian

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PART II **MEDICAL CERTIFICATE OF FITNESS**

**Part II : To be examined by a Registered Medical Practitioner
ONE week prior to joining this school**

This is to certify that I have today (Date) _____

Examined Master / Miss _____

Son / Daughter of _____

And found him / her FREE from infectious and contagious diseases.

He / She is fit to join a School and mix with other children.

Date _____

Signature _____

Name of Doctor _____

Regd. No. _____

Note : To be submitted to Sister-in-charge for reference and records.