



DELHI PUBLIC SCHOOL-PANIPAT CITY

Medical Form

(USE BLOCK LETTERS ONLY)

(FOR OFFICE USE ONLY)

Student's Name: _____

(As per previous school records)

Gender: Male Female Age

Class to which admitted : Curriculum: CBSE CIE

Blood Group: Height Weight

Name of Parent _____

Address for Correspondence _____

PIN _____

Telephone Office _____ Fax _____

(With ISD Residence _____ Fax _____

& STD Code) Mobile _____ E-mail _____

Name of Local Guardian _____ Relationship _____

Address for Correspondence _____

PIN _____

Telephone Office _____ Fax _____

(With ISD Residence _____ Fax _____

& STD Code) Mobile _____ E-mail _____

| | | |
|--|--|---|
| Infectious Diseases (Please underline the child has had) | Measles - German Measles - Scarlet Fever - Chicken Pox - Mumps -your disease(s) Whooping Cough - Epidemic viral Hepatitis - Malaria- Typhoid Fever - Poliomyelitis - Tetanus - Diphtheria - Meningitis - Endocarditis Mononucleosis (Glandular fever) - Toxoplasmosis, TB, Pulmonary Diseases / Primary Complex etc. Recent exposure to any other, contagious / infectious disease (give details). | |
| Other Illness (Please underline) | Respiratory Digestive Heart & Circulation Blood Nervous | Frequent tonsillitis Otitis (Ear infection), Bronchitis Asthma Sinusitis Epistaxis Gastric - Digestive - Intestinal complaints Congenital or acquired heart diseases - Peripheral Circulatory troubles (Chillblain or others) Anemia - Prolonged bleeding - Capillary fragility or other trouble Epilepsy - Tetanus - Disorders of character - Migraine |

| | |
|---|---|
| Joints & Bones Endocrine Metabolism Skin (Epidermic) Allergies Urinary Genital (Concerns mostly girls) Teeth Glasses or Contact lenses | Rheumatic illness - Trauma requiring special attention Diabetes - Thyroid and Parathyroid problems or other Obesity - Failure to thrive - Other problems Eczema - Urtecaria - other contagious or non-contagious skin diseases - Fungal infection Drug - Foods - Odours - Chemical Products - Plants Dust (Pollen) - Hair - Feathers or others Kidney trouble - Bladder : Cystitis - Enuresis / Kidney Stones Eg. Incapacitating periods or other troubles Condition of Teeth - necessary care or supervision / Braces If spectacles are worn, please supply three sets. |
|---|---|

Date of the most recent illness: _____

Medical concerns of the parent: _____

Please state whether the child is fit and able to participate in sports and expeditions. If not, please give

1. Medical Certificate _____

2. Concise physical report _____

Supplementary remarks & information _____

(send analysis, X-rays, Medical Reports, etc.) _____

Clinical Evaluation - Health Certificate _____

Signature of Medical Practitioner _____

Physician with seal & Regn. No. _____

Place _____

Date _____

Supplementary Information _____

