



CHRIST CHURCH DIOCESAN SCHOOL, KHAGAUL HOSPITAL ROAD, KHAGAUL, PATNA - 801 105

A Senior Secondary English Medium Co-Ed School affiliated to CBSE, New Delhi

Session:

MEDICAL DECLARATION & HISTORY OF THE CHILD

Name of the Student Class & Sec

Date Admission No. Reg. No.

Mother's Name

Father's Name

MEDICAL HISTORY **(In the best interest of your ward, please give an accurate history to the doctor)*

Age:	<input type="text"/>	Sex:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>	Blood Group:	<input type="text"/>
Immunization	: Chicken Pox			DPT	<input type="text"/>	Measles	<input type="text"/>		
	Hepatitis B			Polio	<input type="text"/>	Typhoid	<input type="text"/>		
Any history of	: Asthma			Epilepsy	<input type="text"/>	RHD	<input type="text"/>		
	Tuberculosis			Diabetes	<input type="text"/>	Seizures	<input type="text"/>		
	Any major operation			Any chronic illness					
Any history of	: Drug Allergy			Food Allergy					
	Pollen/Dust Allergy			Any known substance					

MEDICAL EXAMINATION

General :

SYSTEMIC

Respiratory :

CVS :

Abdomen :

CNS :

SPECIAL SENSE

Vision :

Speech :

Hearing :

Any special weakness :

Any behavioural abnormality :

Comments :
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(Doctor's Signature)

Reg. No.

Date: