



# THE JAIN INTERNATIONAL SCHOOL

(A Unit of JAIN GROUP OF INSTITUTIONS)

## WELLNESS INFORMATION

Name of the Student \_\_\_\_\_

Class \_\_\_\_\_

Gender: Male  Female

Date of Birth     /     /     -     -     -      
D D M M Y Y Y Y

Blood Group \_\_\_\_\_ Height \_\_\_\_\_ cms Weight \_\_\_\_\_ kgs

Identification Marks \_\_\_\_\_



Any allergy \_\_\_\_\_  
\_\_\_\_\_

Ailment/Injuries/physical disability \_\_\_\_\_  
\_\_\_\_\_

### Immunization Covered

Poliomyelitis (Polio Vaccine) Yes  No

Diphtheria/ Pertussis/ Tetanus (Triple Antigen) Yes  No

Measles/ Mumps / Rubella (M.M.R) Yes  No

Tuberculosis (B.C.G) Yes  No

Hepatitis B Yes  No

Hepatitis A Yes  No

Others, kindly specify \_\_\_\_\_

### Does the student have a history of

Congenital Abnormality Yes  No

Rheumatic Heart Disease Yes  No

Bronchial Asthma Yes  No

Epilepsy Yes  No

Diabetes Yes  No

Hypertension Yes  No

Tuberculosis Yes  No

**Is the child fit & able to participate in sports and expedition?**

Yes  No

If not please enclose a medical certificate

**Any remarks specified by the doctor** \_\_\_\_\_

\_\_\_\_\_

**Is the child trained with toilet manners?** Yes  No

**If not, kindly specify the problem the child faces** \_\_\_\_\_

\_\_\_\_\_

**Does the child require any specific diet? Kindly specify** \_\_\_\_\_

\_\_\_\_\_

I, Dr. \_\_\_\_\_, have examined Master / Miss

\_\_\_\_\_ thoroughly and state that he/ she is medically fit to join school.

**Registration No.** \_\_\_\_\_

**Address and Contact No.** \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature of Doctor (with seal)

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### Declaration by Parents / Guardian

In case of medical emergency which may require surgical procedure, anesthesia, invasive procedures, administration of drugs where a written permission is obligatory, I hereby request the school authorities to authorise on my behalf. Medical treatment may be availed from any competent medical authority or institution.

Date \_\_\_\_\_

(Signature of Parent / Guardian)

Place \_\_\_\_\_

Name \_\_\_\_\_

Relationship with the pupil \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_

E-mail \_\_\_\_\_