



BIRLA HIGH SCHOOL – MUKUNDAPUR
457, Barakhola, Purba Jadavpur, Mukundapur,
Kolkata – 700099

MEDICAL REPORT (FOR STUDENTS)
YEAR 20.....

NAME _____

DATE OF BIRTH (dd/mm/yyyy) _____ **BLOOD GROUP** _____
(Furnish pathological report)

CLASS _____ **SECTION** _____

FATHER'S NAME _____

MOTHER'S NAME _____

GUARDIAN'S NAME _____

ADDRESS (RES.) _____

PHONE NO. (in case of an emergency) _____

HEIGHT (in ft. & in.) _____ **WEIGHT (in kgs)** _____

HEALTH DETAILS

Past history of spinal cord, head injury, contagious disease etc. (if any)

Specific health conditions – Asthma, Epilepsy etc. (if any)

IMMUNIZATION RECORDS (Tick YES or NO for each of the following):

VACCINE	YES (✓)	NO (✓)
BCG	<input type="checkbox"/>	<input type="checkbox"/>
OPV	<input type="checkbox"/>	<input type="checkbox"/>
IPV	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
DTP	<input type="checkbox"/>	<input type="checkbox"/>
HIB	<input type="checkbox"/>	<input type="checkbox"/>
MMR	<input type="checkbox"/>	<input type="checkbox"/>
Typhoid	<input type="checkbox"/>	<input type="checkbox"/>
Varicella	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>

ALLERGY DATA (Tick YES or NO for each of the following). Kindly furnish a pathological report, if yes.

TYPE OF ALLERGY	YES (✓)	NO (✓)	Specifications, if yes
Dust	<input type="checkbox"/>	<input type="checkbox"/>	
Any Food Items	<input type="checkbox"/>	<input type="checkbox"/>	
Any drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Sugar	<input type="checkbox"/>	<input type="checkbox"/>	

EYE VISION RECORDS (Mention the specific power and furnish medical report):

VISION ACUITY	DISTANCE	NEAR	AIDED WITH SPECTACLES / CONTACT LENS
RIGHT			
LEFT			

MEDICAL UNDERTAKING

I/We, _____,
Parent/Parents/ Guardian of _____,
student of Class _____ Section _____ of Birla High School - Mukundapur do hereby
undertake and declare for and on behalf of my said ward that I/we take full
responsibility and liability of his/her acts of omissions and commissions that the
management of the school may consider prejudicial to the interest of the institution,
and the decision of the management in this regard will be final and binding.

I/We undertake that it is my/our duty to disclose any of the health issues as listed of my
ward is susceptible to and which is known to me/us.

ACKNOWLEDGEMENT

I/We have gone through the terms of the above undertaking carefully and understand
that these are for my/our ward's welfare and wellbeing. I/We further undertake that all
the health data mentioned in this undertaking is accurate.

	FATHER	MOTHER	GUARDIAN (if any)
NAME			
SIGNATURE			

Place _____

Date _____