



Delhi Public School, Jaipur

HEALTH INFORMATION AT ADMISSION

NAME:.....CLASS:.....SEC:.....

SEX:DOB:ADM.NO:

A) VACCINATION (With date, please send photocopy of proof)

1. Chicken Pox	.....	.....	.....
2. Typhoid	.....	.....	.....
3. Hepatitis A	.....	.....	.....
4. Hepatitis B	.....	.....	.....
5. Measles	.....	.....	.....
6. HIB	.....	.....	.....

B) BLOOD GROUP

C) IS CHILD ASTHAMATIC a) Yes b) No

D) MEDICINE/INHALERS USED

E) ALLERGIES

1. Medicine
2. Soap
3. Cream
4. Dust
5. Food

F) COMMON MEDICINES USED BY THE CHILD

1.
2.
3.
4.
5.

G) VISION a) N/V (R)..... (L)..... (b)F/V (R)..... (L).....

(Please send a spare pair of spectacles along with a photocopy of eyesight reading)

H) DENTAL CHECKUPS (dues on date).Problems:

Please enclose a medical certificate from registered medical practitioner certifying that the child is free from transmissible disease and is fit to join the school.

Signature of the Parent
with date