

MUSSOORIE INTERNATIONAL SCHOOL

SRINAGAR ESTATE, POLO GROUND MUSSOORIE UTTARAKHAND, INDIA



Tel: +91 9837460408/ +91 8191900049/ +91 135 2632763

Email: admissioncounsellor@misindia.org
Website: www.misindia.net

Student's Medical Information

Student's Name	D.O.B/
Height feet inches cms	Weight Blood Group Folio No.
1. ANY PROBLEMS Please tick and expla	in below, if the girl has any problems with one or more of these.
Eye Ears Nose Heart Skin Others	Throat Lungs Comment, if any
2. PREVIOUS ILLNESS Indicate previou	s illness of the girl with approximate dates (days/months/years).
Measles Mumps Duration Duration	Chicken Pox H1N1 Flu Rheumatic Fever
Tonsilitis Bronchitis Duration Duration	Appendicitis Asthma Other
3. ILLNESS HISTORY Is there a history of	of illness in the girl's immidiate family (parents, grandparents, etc).
	eart Disease Anaemia Epilepsy
Covid-19 Others	Please Specify
4. ALLERGIES AND SENSTIVITIES	Please tick and explain
☐ Insect Bites ☐ Medication ☐ Hay Fever ☐ Food ☐ Others	Comment, if any

. Does the girl require any regular med	dication or other special measures t	o be taken with regards to her health?
GENERAL EXAMINATION		
Pulse	BP	Pallor
R/R	Cyanosis	Temperature
Oedema	Lymph Node	
Vitamin D	Food/Nut Allergy	
Sulphur Allergy	Lactose Intolerance	
. SYSTEMATIC EXAMINATION		
CVS	Respiratory System	
P/Abdomen	CNS	
. PATHOLOGICAL EXAMINATION	ON	
HB%	Blood Group	Rh
Urine Examination		
D. VACCINATIONS, EYES AND	DENTAL	
Photocopy of Vaccination Card	Enclosed	
	XAMINATIONS DETAILS ALONG WI	TH THE LAST DATE OF THE FOLLOWING)
CHECKUPS (PLEASE MENTION E		

11. PHYSICIAN'S ANALYSIS On the basis of this girl's history, physical examination and other data, following statement is applicable. (Please tick) This girl is in excellent health, and no significant abnormalities are noted. This girl is in good health, but the following abnormalities are noticed. PHYSICIAN'S DETAILS **DECLARATION OF THE PARENT** Qualification _____ Should my girl be injured or become ill while attending Mussoorie International School, I expect Registration No. ___ the authorities to see that she is attended by a qualified medical practitioner, and I authorise the Name and Address _____ school to act on my behalf in arranging whatever necessary treatment. SIGNATURE OF THE PHYSICIAN SIGNATURE OF THE PARENT dd mm yyyy dd mm yyyy **PARENT'S CONTACT INFO** Contact No. Email _____ Address _____