

5.

6.

7. GENERAL EXAMINATION

Pulse

BP

Pallor

R/R

Cyanosis

Temperature

Oedema

Lymph Node

Vitamin D

Food/Nut Allergy

Sulphur Allergy

Lactose Intolerance

8. SYSTEMATIC EXAMINATION

CVS

Respiratory System

P/Abdomen

CNS

9. PATHOLOGICAL EXAMINATION

HB%

Blood Group

Rh

Urine Examination

10. VACCINATIONS, EYES AND DENTAL

7

CHECKUPS (PLEASE MENTION EXAMINATIONS DETAILS ALONG WITH THE LAST DATE OF THE FOLLOWING)

Dental Checkup *Last Date* ____/____/____ *Details* _____

Vision

Last Date / /

11

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Left

Right

Details

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.

a. _____

b. _____

c. _____

d. _____

PHYSICIAN'S DETAILS

Qualification _____

Registration No. _____

Name and Address _____

SIGNATURE OF THE PHYSICIAN

_____/_____/_____
dd mm yyyy

DECLARATION OF THE PARENT

Should my girl be injured or become ill while attending Mussoorie International School, I expect the authorities to see that she is attended by a qualified medical practitioner, and I authorise the school to act on my behalf in arranging whatever necessary treatment.

SIGNATURE OF THE PARENT

_____/_____/_____
dd mm yyyy

PARENT'S CONTACT INFO

Contact No. _____

Email _____

Address _____
