



St. Mary's High School, Mt. Abu

HEALTH PROFILE 2024

Kindly note that for the safety of all concerned a recent medical report, not older than three days prior to the date of joining school, needs to be submitted.

Class: Child's Name: Age:
Blood Group:

B.NO.:

a) EYE SIGHT : ☐ Normal Vision ☐ Suffers from :

Last checked on :

Follow up action required (if any)

b) DENTAL : ☐ No problems ☐ Suffers from :

Last checked on :

Follow up action required (if any)

c) E N T : ☐ No problems ☐ Suffers from :

Last checked on :

Follow up action required (if any)

d) RESPIRATORY SYSTEM : ☐ No problems ☐ Suffers from :

Last checked on :

Follow up action required (if any)

e) GASTRO - INTESTINAL SYSTEM : ☐ No problem ☐ Suffers from :

Last checked on :

Follow up action required (if any)

f) UROGENITAL SYSTEM : ☐ No problems ☐ Suffers from :

Last checked on :

Follow up action required (if any)

g) SKIN : ☐ No problems ☐ Suffers from :

Last checked on :

Follow up action required (if any)

h) CENTRAL NERVOUS SYSTEM : ☐ No problems ☐ Suffers from :

Last checked on :

Follow up action required (if any)

i) ALLERGIES : ☐ No problems ☐ Suffers from :

Last checked on :

Follow up action required (if any)

NOTE.

Parents are requested to submit Medical Reports or Authorised Reports [Photo - Copy] along with the Form duly signed or prescribed by a Registered Medical Practitioner.

P.T.O

1] Has your Child ever had an Operation, Accident or Serious injury ?
[If Yes, briefly state its nature]



2] Does your Child have any medical condition that the School needs to be aware of ?
[If Yes,state the nature of the condition

3] Does your Child need to be exempted from any School Activity like Sports/Swimming etc ?
If Yes,specify the activity that he needs to be exempted from and the reason.

4] Is your Child under any regular medication /
If Yes, kindly attach the prescription and state the condition that requires such medication.

5] How would you best describe the general health of your Child ?

6] Has your child ever tested positive for COVID 19? [YES/NO] If Yes, kindly mention the date?

VACCINATIONS

Kindly give your Child the following Vaccinations if he has not yet taken them :[Including Boosters if and when they are due with respective certificate]

VACCINATION		Date Given On	Remark [if Any]
TYPHOID	[Boosters every 3 years]		
TETANUS	[Boosters every 5 years]		
HEPATITIS A			
HEPATITIS B			
CHICKEN POX			
MMR			
INFLUENZA [For Bronchial Asthma]			

Stamp and Seal of the Medical Practitioner

Signature of Parent

Signature of Registered Medical Practitioner

