

Annexure 1

(General Medical History of Child to be filled and certified by a registered Medical Practitioner)

Name of the Child :

Age of the Child :

1. Is there any history of delayed milestones that may require special attention:
2. Does the child suffer from any natural allergies:
3. Is the child allergic to any medication:
4. Does the child suffer from any phobias that the school should be aware of:
5. Does the child have history of convulsions or epileptic fits or suffer from any other medical condition like juvenile diabetes, asthma, or any other ailment which will require special attention while the child is at school:
6. Has the child undergone surgeries, if yes please specify:
7. Is the child on any medication on a daily basis:
8. Is the child fit to participate in all the activities included in the school program, including sports:
9. Does the child require any special attention in academics or while performing physical activities, if yes please specify.
10. Any medical information about the child that is necessary for school to know:
11. Any special Instructions:

To the best of my knowledge the student is physically and mentally fit to join any institute.

Date: _____

Name & Signature of Medical Practitioner

Address, Contact No & Regn No