



BRAHMUNI INTERNATIONAL SCHOOL

MEDICAL FORM

Student Information

Name of the Student:				
Class:		Section:		Student ID:
Date of Birth:				
Name of Sibling (if studying in school):				

Parental Details

Mother Name:		Father Name:	
Email:		Email:	
Mobile No:		Mobile No:	
Alternate Mobile:		Alternate Mobile:	
Residential Address:			

General Examination (To be filled by RMO)

Height (cms):		Weight (kgs):	
BP:		Pulse:	
Colour Blindness:		Nails:	
Conjunctiva:			

Medical History

Health Problem	Yes / No	Remarks (Report if Required)
Allergies		
Asthma		
Neurological Problems		
Throat Infection		
Diabetes		
Frequent Ear Infections		
Hearing Difficulty		
Kidney/Urinary Problem		
Orthopaedic/Bone Problems		
Skin Problems		
Eye Problems		
Glasses/Contact Lenses		
Emotional/Psychological Problems		
Any Other		

Immunization / Vaccination Record

Type of Vaccine	Administered	Not Administered
BCG		
Hepatitis B		
OPV		
IPV		
DTP (DTwP/DTaP)		
Hib		
Pneumococcal		
Rotavirus		
Influenza		
MMR		
Typhoid Conjugate		
Hepatitis A		
Chickenpox (Varicella)		
Tdap		
HPV		
Any Other		

Certification

This is to certify that Master/Miss _____ has been examined and is found fit to undertake all academic and co-curricular activities.

Signature & Seal of Medical Practitioner		Signature of Parent	
Name:		Name:	
Registration No:			
Date:			

