

Health Report Card

To be completed by General Practitioner / Family Doctor / Parent

A. General Information...

Name of the student: _____

Sex: Male / Female

Date of Birth: _____

Class: _____ Division: _____ Age: _____

Residential Address: _____

B. Personal information...

Weight (kg): _____ Height (cm): _____

Food Habit: _____ Personal Cleanliness: _____

C. Medical Test...

General Check-up Allergies: _____

Eye sight: _____ Right: _____ Left: _____

Dental: _____

Ear / Nose / Throat: _____

Blood Group: _____

Any Major Ailments: _____

Major Past Injuries: _____

Any Past Record of Surgery (PRS) identified: _____

Any Special Educational Needs (SEN) identified: _____

Name of General Practitioner / Family Doctor: _____

Place

Designation

Signature / Date

P.S: Seal of the Health Superintendent is mandatory