



8. Does he suffer from any other disorder? Give details: _____

9. Does he suffer from anything not mentioned above?: _____

IMMUNIZATION RECORD (Kindly tick the relevant boxes):

- BCG POLIO DPT MEASLES MMR TETANUS TOXOID
 TABC TYPHOID HEPATITIS 'A' HEPATITIS 'B'
 OTHERS

The above stated information is true and correct.

Name of Parent/Guardian: _____ Signature _____

Contact Numbers: _____ Date: _____

This is to certify that I have conducted a thorough medical examination of

_____ and verify that he is in a fit state of physical and mental health to join a boarding school and does not suffer from any infectious disease. He is not permitted/permitted to participate in games and physical education activities.

Remarks/Restrictions:

Stamp of Medical Practitioner

Signature of Medical Practitioner

Name of Medical Practitioner: _____ Regd. No.: _____

Address: _____

City: _____ PIN

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 State: _____

Contact Numbers: _____ Email ID: _____

