



HIGH SCHOOL & JR. COLLEGE

Managed By Monaf Educational Foundation

Panchgani - 412805, District Satara. (M. S.) Tel. : (02168) 240268, 240638, 241850

Email : ssilverdale@yahoo.com

MEDICAL REPORT FORM

This is to be completed by the family doctor & returned to the school.

Name _____ Date Of Birth _____

Has he/she suffered from the following?.If so, please give the year

	Year		Year
Typhoid _____		Convulsions _____	
Measles _____		Asthma _____	
Chicken pox _____		Kidney trouble _____	
Whooping cough _____		Heart Condition _____	
Rheumatic fever _____		Primary Complex _____	
Tonsillitis _____			

Any other injury, illness or operation in the past? _____

(For older girls)Menstrual cycle? _____ How many days? _____

Loss: Heavy/Medium/Light _____ Pain _____

H/O Immunization. Please give the year when done.

Primary Vaccination	Year	Booster Vaccination	Year
Small pox _____		Small Pox _____	
Triple _____		Triple _____	
TABC _____		TABC _____	
Tetanus _____		Tetanus _____	
BCG _____		BCG _____	

H/O drug reaction or other allergies _____

Behavior problems; e.g. Bed wetting, nail stammer, nightmares, sleep walking etc. _____

instructions concerning any regular medication? _____

I have examined the above named pupil and in my opinion he/she is fit to join a boarding school and take part in all activities.

Date :

Doctor's signature