



SelaQui
EDUCATION

8. Does s/he suffer from any eye disorder? Give details:

9. Has s/he undergone any kind of surgery? Give details:

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 s/he is in a fit state of physical and mental health to join a boarding school and does not suffer from any infectious disease. S/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:

