

SelaQui International School



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

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

10. Is s/he allergic to any medicine or anything? 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:

State:

Contact Numbers:

Email id: