

## SelaQui International School

(To be completed and submitted with the application for admission)

Name of Student: First Middle Last (Leave a space between last name, middle name and first name)			
Class for which admission is sought:			
Date of Birth: Gender:			
Height (cms): Weight (Kgs):			
Blood Group: BP:			
Please give pevious medical history (give details) Please tick the relevant boxes:      Chicken Pox			
Does s/he suffered from any one of the following? Please tick the relevant boxes:      Tuberculosis Typhoid fever Dysentry Malaria Dengue Fever  Jaundice Rheumatic Fever Mononucleosis Any other disease:			
3. Does s/he suffer from any ENT problems? Give details:			
4. Does s/he suffer from any chest and respiratory problems? Give details:			
5. Does/Did s/he suffer from any GI or GU conditions i.e. kidney infection, abdominal pain etc.:			
6. Does s/he suffer from any skin infections? Give details:			
7. Does s/he suffer from any neurological problems? Give details:			
(Please turn over)			

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8. Does s/he suffer from any eye disorder? Gi	ve details:	FORM	
9. Has s/he undergone any kind of surgery? G	sive details:	<b>S</b>	
10. Is s/he allergic to any medicine or anything	g? 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 corre	ect.		
Name of Parent/Guardian:	Signature:		
Contact Numbers: This is to certify that I have conducted a thorogonal conducted a thorogon	Date:		
	and mental health to join a boarding school and /he is <b>not permitted/permitted</b> to participate in		
Stamp of Medical Practioner  Name of Medical Practioner:	Signature of Medical Practioner  Regd No.:		
Address:			
		3	
City: P	in: State:	7	
Contact Numbers:	Email id:		