



**SelaQui**

# SelaQui International School

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

Name of Student: 

First		Middle		Last
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(Leave a space between last name, middle name and first name)

Class for which admission is sought:

Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Gender:

Height (cms):

Weight (Kgs):

Blood Group:

BP:

1. Please give previous medical history (give details) Please tick the relevant boxes:

Chicken Pox  
  Measles  
  Mumps  
  Diptheria  
  Whooping Cough  
 Polio  
 Any other (please specify):

2. Does s/he suffered from any one of the following? Please tick the relevant boxes:

Tuberculosis  
  Typhoid fever  
  Dysentery  
  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:

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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: