

BIRAMANE EDUCATION FOUNDATION  
**VIDYA NIKETAN SCHOOL, PANCHGANI**  
MEDICAL FORM  
(To be filled by the Family doctor)

1 Name of the student \_\_\_\_\_

2 Date of Birth \_\_\_\_\_

3 (a) Height \_\_\_\_\_ (b) Weight \_\_\_\_\_ (c) Chest  
\_\_\_\_\_

4 Identification Marks: (1) \_\_\_\_\_ (2) \_\_\_\_\_

5 (a) Last inoculation taken on :

(b) Last Vaccination taken on :

6 Record after each disease given below with (+) for positive and (-) for negative, depending whether the boy / girl has suffered from it or not:

i) Rheum, fever ( )	ii) Malaria ( )
iii) Typhoid ( )	iv) Enuresis ( )
v) Measles ( )	vi) Nephrtitis ( )
vii) Diptheria ( )	viii) Mental retardation ( )
ix) Worms ( )	x) Poliomyelitis ( )
xi) Asthama ( )	xii) Dysentery ( )

7 Other Information:

- i) Eyes: Refractive Error / Trachoma
- ii) Ears: Any discharge / disease / deafness
- iii) Nose: Epistaxis – D.V.S.
- iv) Tonsils : Chronic Enlargement
- v) G.I.T. – Appendicular Colic  
Any other colic
- vi) Hernia / Hydrocele
- vii) Phimosiis

8 Any injury, illness or operation during the last two years

\_\_\_\_\_

9 Allergy to drugs : Penicillin, Sulpha group, Quinine, Chloramphenicol, Terramycin  
and any other drugs.

10 B.C.G.

11 Small Pox

12 Vaccination against (1) Hepatitis B ( ) (2) Chicken pox ( )

13 Blood Group \_\_\_\_\_ (Card to be attached)

Name of the doctor \_\_\_\_\_

Address \_\_\_\_\_

Counter Signature:

Signature of the Doctor

Date: \_\_\_\_\_

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(Declaration by parent)

I \_\_\_\_\_ hereby authorize the Principal, to take the  
necessary decision on my behalf, in any medical emergency concerning my child/or  
ward

Master / Miss \_\_\_\_\_

Signature of Parent or Guardian.