



# JNANA GANGA CENTRAL SCHOOL

(Affiliated to CBSE New Delhi Affi. No. 830212)

GOWRI HOLE, BELLARE - 574 212, Sullia Tq., D. K., Karnataka

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## MEDICAL RECORD

1. Name of Pupil (in Block letters).....
2. Age & Date of Birth.....
3. Name, Address and.....  
Telephone No. of the Parent.....
4. Personal history - Previous illness :
  - a) Measles..... Year..... Month.....
  - b) Chicken Pox..... Year..... Month.....
  - c) Mumps..... Year..... Month.....
  - d) Whooping Cough..... Year..... Month.....
  - e) Diphtheria..... Year..... Month.....
  - f) Primary Complex..... Year..... Month.....
  - g) Tonsillitis..... Year..... Month.....
  - h) Other illness or operation..... Year..... Month.....
  - i) Any drug allergy..... Year..... Month.....
5. a) Family history, in case the  
Parents / Brothers / Sisters  
have any chronic diseases  
b) Whether the student has any disabilities, health problem (congenital / acquired), etc.....  
.....
6. Name, Address and.....  
Telephone No. of the family doctor.....
7. Details of Vaccinations :
  - a) Primary Vaccination..... Year..... Month.....
  - b) Re-vaccination..... Year..... Month.....
  - c) Triple Antigen & Polio..... Year..... Month.....
  - d) Booster Dose for Triple Antigen..... Year..... Month.....
  - e) Other inoculations, if any.....  
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.....
  - f) Any special instructions :.....

Declaration : I have not withheld any relevant information on the health of my ward.

Place :.....

Date :.....

Signature of the Parent / Guardian

**PLEASE NOTE :** All information above are required to enable the school to provide the best medical attention to your child. If the space given in the form is not sufficient, please attach separate sheets and give details. The school authorities and doctors will be very keen to ensure that all the children maintain good health.