

SMART MOVE ACADEMY

MACHWA, GOPALGANJ, BIHAR

(BOTH SIDES OF THIS FORM TO BE FILLED UP AND SUBMITTED AT THE TIME OF ADMISSION)

Name of the student M F Class

Name of School

Date of birth Blood Group

Father's Name Mother's Name

VACCINATIONS

Immunization	Recommended Age	Date when done
BCG	0-01 month	
Hepatitis B	At Birth	
	1 month	
	6 months	
DPT	1.5 months	
	2.5 months	
	3.5 months	
H Influenza B	1.5 months	
	2.5 months	
	3.5 months	
Oral Polio	At Birth	
	1.5 months	
	2.5 months	
	3.5 months	
Measles	9 months	
MMR	15 months	
Chicken pox	15 months	
DPT + OPV + Hib	18 months	
Typhoid	2 years	
Hepatitis A	2 years	
	30 months	
DPT + OPV	4-5 years	

BOOSTER DOSES

Typhoid (every 3 yrs)	
Tetanus (every 5 yrs)	
Other Vaccines	

HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

- Does the child have any problem during physical activity

Signature of Mother

Signature of Father

To be certified by a Registered Medical Practitioner

Date of physical examination Height Weight
B.P. Pulse Vision L R
Squint Conjunctiva Cornea Ear L R

Clinical Examination	Normal	Recommendation
Head/ Neck		
Abdomen		
Surgery		
Serious Illness		
Nails		
Skin		

Summary of Current Health Condition

- Fit to Participate in age specific physical activity
- Fit to participate in age specific physical activity with precaution
- Should not participate in competitive sport

Name of the Doctor

Regn. No.

Signature of Doctor

MEDICAL CERTIFICATE BY SCHOOL DOCTOR

Certified that I have examined Master / Miss
and he / she is medically fit / unfit for admission in the School.

Date :-

Signature of Medical Officer

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