SMART MOVE ACADEMY

MACHWA, GOPALGANJ, BIHAR

Health Certificate

1. Name of the Child
2. Class / Section
3. School
4. Date of Birth
5. Father's Name
6 Address with Telephone No.

7. Immunization History

a)	BCG	:	Yes	No
b	DPT	:	Yes	No
c)	Oral Polio	:	Yes	No
d)	Measles / MMR	:	Yes	No
e)	Hepatitis B	:	Yes	No
f)	H Influenza B	:	Yes	No
g)	Typhoid	:	Yes	No

Vaccines No. (a) to (g) are compulsory.
It is, however, recommended that the following vaccines may be given too:
Hepatitis A, Meningococcal, Influenza virus, Pneumococcal, Chicken Pox

8. History of Past Illness :-
   a) Specific disease suffered in the past.
   b) Operation(s) undergone in the past, if any. Specify
   c) Allergies, if any.
   d) Any other disease or problem for which the child is on regular medication:

e) Any Congenital Anomaly

Date :-

Signature of the Parent

Medical Certificate of fitness : (From Registered Doctor)

This is to certify that I, Dr. ..... have examined ..... aged ..... years, D/o, S/o ..... on (date) .....
His / Her visual acuity is normal / corrected with glasses. There is no other illness, which would render the child unfit to join the school. He / she is fit / unfit to join the school.

Name of the Doctor
Regn. No.

Signature of Doctor

MEDICAL CERTIFICATE

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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