



# ST. ALOYSIUS SENIOR SECONDARY SCHOOL

1, Shakti Marg, Cantt., Jabalpur (M.P.)

## SCHOOL HEALTH RECORD

Please refer CBSE Circular No. 15, CBSE/ACAD/AEO(L)/2012 dated 24/02/2012

Name of Student.....M/F.....Class.....

Date of Birth .....Blood Group.....

Father's Name.....Mother's Name.....

### VACCINATIONS

Immunization	Age Recommended	Due Date	Date of Vaccination
B.C.G.	0-1 Month		
Hepatitis B	At birth		
	1 Month		
	6 Months		
D.P.T.	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT + OPV + HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT - OPT	4½ Years		

### BOOSTER DOSES

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Date..... Signature of Father.....Signature of Mother.....





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## HEALTH HISTORY

Please refer CBSE Circular No. 15, CBSE/ACAD/AEO(L)/2012 dated 24/02/2012  
**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 .....
- Kindly specify if the family and/or the child have any past history of mental or psychiatric disorder .....

Signature of Father ..... Signature of Mother.....

### 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 Doctor ..... Signature of Doctor with Date .....