



# ST. ALOYSIUS SCHOOL GAUR

SAIT Campus, Gauraiya Ghat, 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

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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 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 .....

Signature of Doctor.....

Name of Doctor .....

Date .....