



# St. Mary's High School, Mt. Abu

## HEALTH PROFILE 2025

*Kindly note that for the safety of all concerned a recent medical report, not older than three days prior to the date of joining school, needs to be submitted.*

Class:  Child's Name:  Age:   
Blood Group:

B.NO.:

a) EYE SIGHT :  Normal Vision  Suffers from :

Last checked on :

Follow up action required (if any)

b) DENTAL :  No problems  Suffers from :

Last checked on :

Follow up action required (if any)

c) E N T :  No problems  Suffers from :

Last checked on :

Follow up action required (if any)

d) RESPIRATORY SYSTEM :  No problems  Suffers from :

Last checked on :

Follow up action required (if any)

e) GASTRO - INTESTINAL SYSTEM :  No problem  Suffers from :

Last checked on :

Follow up action required (if any)

f) UROGENITAL SYSTEM :  No problems  Suffers from :

Last checked on :

Follow up action required (if any)

g) SKIN :  No problems  Suffers from :

Last checked on :

Follow up action required (if any)

h) CENTRAL NERVOUS SYSTEM :  No problems  Suffers from :

Last checked on :

Follow up action required (if any)

i) ALLERGIES :  No problems  Suffers from :

Last checked on :

Follow up action required (if any)

### **NOTE.**

**Parents are requested to submit Medical Reports or Authorised Reports [Photo - Copy] along with the Form duly signed or prescribed by a Registered Medical Practitioner.**

**P.T.O**

1] Has your Child ever had an Operation, Accident or Serious injury ?  
 [If Yes, briefly state its nature ]



2] Does your Child have any medical condition that the School needs to be aware of ?  
 [ If Yes, state the nature of the condition

3] Does your Child need to be exempted from any School Activity like Sports/Swimming etc ?  
 If Yes, specify the activity that he needs to be exempted from and the reason.

4] Is your Child under any regular medication /  
 If Yes, kindly attach the prescription and state the condition that requires such medication.

5] How would you best describe the general health of your Child ?

6] Has your child ever tested positive for COVID 19? [YES/NO] If Yes, kindly mention the date?

**VACCINATIONS**

Kindly give your Child the following Vaccinations if he has not yet taken them :[Including Boosters if and when they are due with respective certificate]

VACCINATION		Date Given On	Remark [if Any]
TYPHOID	[Boosters every 3 years]		
TETANUS	[Boosters every 5 years]		
HEPATITIS A			
HEPATITIS B			
CHICKEN POX			
MMR			
INFLUENZA [For Bronchial Asthma]			

Stamp and Seal of the Medical Practitioner

Signature of Parent

Signature of Registered Medical Practitioner