



St. Mary's High School, Mt. Abu

HEALTH PROFILE 2026

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 Authorized 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 Booster 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]		
1. HEPATITIS A		
2. HEPATITIS B		
3. CHICKEN POX		
4. MMR		
5. INFLUENZA [For Bronchial Asthma]		
6. TYPHOID		
7. TT BOOSTER		
8. H1N1		

Stamp and Seal of the Medical Practitioner

Signature of Parent

Signature of Registered Medical Practitioner