

HEALTH HISTORY (FOR ALL CLASSES)

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

| Allergy | What Happened | How Severe | Medication Taken at the Time of Allergy |
|---------|---------------|------------|---|
| | | | |

Does the Child have 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.....ConjunctivaCorneaEar L.....R.....

| Clinical Examination | Normal | Recommendation |
|----------------------|--------|----------------|
| Head/Neck | | |
| Abdomen | | |
| Surgery | | |
| Serious illness | | |
| | | |
| | | |

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 the Doctor _____

Signature of Doctor _____

Registration No. _____

With Date and Stamp: _____