NEEV- The Prep School

Managed by Tapovan Education Institute

HEALTH CERTIFICATE

(To be submitted at the time of admission)

(To be completed by Parent/Legal Guardian in CAPITAL letters in consultation with Medical Practitioner/Physician)

Please submit it in the school office within a week of payment of fees. Kindly do not leave any column blank.

Name of Student _____ Class _____ Year _____

(To be filled in by the Parent) ***IMMUNIZAION RECORD***	*Please tick (✓) If given*	*Date and Year of giving*
Vaccines 1. BCG 2. DPT + Polio (Diphtheria, Whooping Cough & Tetanus) 3. DPT Booster + Polio Booster Dose-1 Dose-2 4. H. Influenza B (HIB) 5. Hepatitis B 6. MMR – measles, mumps, rubella 7. Chicken Pox 8. Typhoid 9. Hepatitis A		
At the time of filling this form Eye Sight (R+) _____ (L+) _____ Height _____ Weight _____ Blood Group _____		**Date of Check**

- Is the child suffering from any allergies – YES / NO
  If yes, name -
  _____
- Is the child suffering from any physical problems – YES / NO
  (History of epilepsy, diabetes, asthama, food, flat foot and/or any other)
  If yes, name -
  _____
- Is the child on any medication? If yes, please mention-
  _____
- Please give the name of the Child's pediatrician -
  _____ Phone no _____
- In case of emergencies, please give the Tel. No. of Contact Person and Doctors Tel. No. (in order of preference) -
  1st Contact _____ Phone_____
  2nd Contact _____ Phone_____
  3rd Contact _____ Phone_____
- In case of any allergic problem what help do you expect*?
  _____

Note: *School is equipped only to provide first aid. It shall be the responsibility of the parent to take measures they deem fit in case of any serious problem.

Name of the Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ _____

Stamp & Signature of a Doctor