

**For Students of Pinegrove School,
Distt Solan (H.P)**

PARTICULARS

Name of the student.....

B.No..... Class..... House.....

Date of Examination..... Blood Group.....

History of any major illness/problems such as Epilepsy,
Asthma, Tuberculosis, Cardiac etc.

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History of any allergy including Allergic Reaction to any
medication:

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History of:

- 1) Nocturnal Enuresis (Bed Wetting) **Yes / No**
- 2) Somnambulism (Sleep Walking) **Yes / No**
- 3) Epistaxis (Nose Bleeding) **Yes / No**

GENERAL:

1) Height.....cm 2) Weight.....Kg 3) Hb.....

4) Skin.....

5) Eyes.....

Spectacles, if any) Left Eye..... Right Eye.....

*(Note: If the student wears spectacles, three pairs of
spectacles should be sent with the child at the time of
admission.)*

6) Ear.....

7) Nose.....

8) Throat.....

