

PARTICULARS

- 9) Chest.....
- 10) Cardiovascular System (CVS).....
- 11) Abdomen.....

DENTAL:

- 1) Oral Hygiene.....
- 2) Cavities/ Root Canal.....
- 3) Braces/Capping/Implants.....

<u>VACCINATION</u>	<u>Given On</u>	<u>Due Date</u>
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- | | | |
|-------------------|-------|-------|
| 1) BCG | | |
| 2) Polio | | |
| 3) Triple Antigen | | |
| 4) MMR | | |
| 5) Typhoid | | |
| 6) Hepatitis B | | |
| 7) Chicken Pox | | |
| 8) Tetanus Toxoid | | |

(Attach a photocopy of the immunization record. Please note that the school does not take any responsibility for getting the child vaccinated. ***It is your duty to get the child duly vaccinated from time to time.***)

It is further certified that I have read the rules and regulations and fully understand the requirement of a child to be completely medically fit in all respects to be able to live in a residential school located in a rural and hilly terrain.

I hereby declare and certify that my child does not suffer from any ailment, sickness, disease, any mental or physical problem and is fully fit to reside in a residential school.

.....
(Parent/ Legal Guardian's Signature)

.....
(Medical officer's Stamp & Signature)

Name :

Date :

Relationship:

