

Sri Mangal Chand Didwaniya Vidya Mandir

Khori Brahamnan, Raghunathgarh, Distt.- Sikar (Raj.)
01572-284507, 298321, 9950995201

MEDICAL RECORD

(To be filled & signed by Parent/Guardian before joining School)

For Class	:	.....	Batch No. :	.....	Date :	.....
Student Name	:	.....	Date of Birth	:	.....
Parent's Name	:	.....			
Address	:	.....			
	:				
	:				
Phone Nos.	:	.....			

<p>1. Has your ward had any of the following childhood diseases?</p> <p>a) Chicken Pox (माता) ----- --</p> <p>b) Measles (खसरा) ----- -</p> <p>c) Mumps (कनफेड़ा) -----</p> <p>d) Diphtheria (कण्ठज्वरी) ----- -</p> <p>e) Whooping Cough (कसी खाँसी) ----- ---</p> <p>f) Polio (पोलियो) -----</p>	<p>2. Has he suffered from any of the following other diseases?</p> <p>a) Tuberculosis (क्षय) ----- -</p> <p>b) Typhoid (द्विपण्ड) -----</p> <p>c) Dysentery (शित्त/काँ) -----</p> <p>d) Malaria (मलेरिया) -----</p> <p>e) Dengue (डेंगू) -----</p> <p>f) Rheumatic (गठिया) -----</p> <p>g) Jaundice (पीलिया) -----</p>
<p>3. Does he suffer from any Neurological conditions?</p> <p>a) Epilepsy/Convulsions (मिचगी) ----- ---</p>	<p>4. Does he suffer from any other medical conditions?</p> <p>a) Insomnia (नींद न आना) ----- --</p>

b) Dizziness/Fainting (सहम) ----- --	b) Sleep Walking (नींद में चलना) ----- ---
c) Vertigo (आंखें चक्कियाँ) ----- -	c) Depression (अकसाद) ----- --
d) Frequent headaches	d) Hysteria (सूच्छी) ----- -
e) Neuritis (नीं पुरना) -----	e) Psychiatric (मनोरोग) ----- -

- 5 Does he suffer from any Chest or Respiratory problems?
a) Bronchial Asthma Bronchitis b) Chronic Cough c) Chest Pain
- 6 Does he suffer from any Skin conditions
- 7 Has he had any surgical operation, head or there serious injury or fracture of the bones? If so, please give particulars.
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- 8 Has he been X-rayed or any time? If so, when and for what?
.....
- 9 Is he a bed-wetter? If so, how frequently does this happen?
.....
- 10 Are his eyes and eyesight normal?
- 11 Does he wear glasses or contact lenses (if yes, attach prescription), or suffer from any other eye ailment?
.....
- 12 Are his teeth generally in good order?
- 13 Does he need orthodontic treatment?
- 14 Does he suffers from any other ailment or constitutional peculiarity nor referred to above? Give details-
.....
- 15 Does he have any known Drug or Food Allergies? If so, please give specific details-
.....
- 16 Does he have any other known Allergies?

- 17 Do you think your ward is physically and mentally fit to join a boarding school?
- 18 Please provide the name, address and contact numbers of your family physician (if any).
.....
- 19 provide the name, address and contact numbers of any other physician who treats your ward (if any).
.....
- 20 Any other specific instructions you wish to give regarding the medical record.
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Blood Group & Rh	Blood & WBC	Hgb-grams%
Height	Weight	B.P.

IMMUNISATION RECORD	PRIMARY (DATE/ MONTH/ YEAR)	BOOSTER (DATE/ MONTH/ YEAR)
BCG		
POLIO		
DPT		
MEASLES		
MMR		
TETANUS TOXOID		
TABC		
TYPHOID		
HEPATITIS 'A'		
HEPATITIS 'B'		
OTHERS		

LEGAL CONSENT STATEMENT

I Hereby authorise SMD Vidya Mandir to arrange for any necessary medical tests, treatment, or surgery for my child Including emergency procedures, such as surgery, diagnostic examination, the administration of anaesthetics (local, general, or spinal) and blood transfusion, based upon the professional judgement of the licensed, medical and nursing personnel associated with the School.

I declare that the entire expenses for any such medical procedures or treatment will be borne by me. I also hereby authorise the School authorities to sign on my behalf, with regard to surgery of medical treatment.

Date : Signature of Parent/Legal Guardian

Address :
:
:

Tel. Nos. Office Res.

E-mail :