



## Saraswati Educational Society

(REGD. NO. 6669/92)

### SES GURUKUL SCHOOL

Year: \_\_\_\_\_

## STUDENT MEDICAL REPORT

PASSPORT  
SIZE PHOTO

Address:

S. No.136, 137 (210), Off University Road, Near Vijay Co-operative Housing Society, Ashoknagar,  
Pune – 411016. Maharashtra, INDIA

Tel.: 25561421

Full Name of the Student <b>[as per Aadhar Card]:</b>		
Blood Group:		
<b>Immunisation Status: [Please write Yes or No]</b>		
Primary Polio	Booster Polio	B.C.G.
Measles	MMR	Hepatitis B
Any other [Please specify]:		
<b>Previous Major Illness: [Please write Yes or No]</b>		
Asthma:	Urological issues:	
Major injuries / Fracture:	Operations undergone:	
Ear Discharge:	Allergies if any [Please specify]:	
Whether Hospitalised:    Yes: _____                      No: _____ If Yes, please state the reasons for the same.		
Any other [Please specify]:		
Is the child on any long term medication?    Yes: _____                      No: _____ If Yes, please state the details of the same.		
Family history of illness:		

## Student's Medical Examination Report:

Height [cm]:	Weight [kg]:	BMI [kg/m <sup>2</sup> ]:
Pulse rate[beats per minute]:	Blood Pressure[mmHg]:	Hearing Impairment:
Auditory: Left Ear                      Right Ear	Vision: Left Eye                      Right Eye	Low Vision:
Throat:	Nose:	Thalassemia:
Skin:	Genitals:	Bones and Joints:
Lymph nodes:	Clubbing:	P/A:
Oedema:	Purpura:	Jup:
CVS:	R/S:	HJR:
Teeth: Occlusion Caries Left:                      Right: Normal Left:                      Right: Prosthesis:		
CNS: Speech and Language: Autism Spectrum Disorder: Specific Learning Disabilities: Epilepsy:		
Dietary advice:		
Referral		

Doctor's full name: \_\_\_\_\_

Date and Signature: \_\_\_\_\_

Registration number and Official stamp: \_\_\_\_\_