

J J ACADEMY

MEDICAL INFORMATION

TO BE FILLED AND SUBMITTED BY 19th JULY 2024

STD. _____ DIV. _____ ROLL NO. _____

NAME OF THE STUDENT : _____ AGE _____

HEIGHT : _____ WEIGHT : _____

(WITHOUT LENSES): LE : _____ RE : _____ (WITH LENSES): LE : _____ RE : _____

BLOOD GROUP : _____

ANY BLOOD SUGAR PROBLEM ? YES/NO. : _____ IF YES THEN : (TYPE 1 / TYPE 2)

SPEECH : _____ HEARING : _____ SKIN : _____

CARDIOVASCULAR SYSTEM : _____

RESPIRATORY SYSTEM : _____

DIGESTIVE SYSTEM : _____

PREVIOUS ILLNESS (SPECIFY IF ANY) : _____

PREVENTIVE VACCINATIONS TAKEN _____ BCG _____ TRIPLE VACCINATION

ANY OTHER : _____

OPERATIONS DONE (SPECIFY IF ANY) :

1. IF THE STUDENT IS UNABLE TO PARTICIPATE THE TEACHER AND OFFICE IS TO BE NOTIFIED ABOUT IT.
2. IF THERE IS ANY MEDICAL EMERGENCY THE PARENTS WILL BE NOTIFIED IMMEDIATELY AS REQUIRED BY THE SCHOOL.
3. ANY CHANGES OR PRE-EXISTING CONDITION SHOULD BE NOTIFIED TO THE OFFICE IMMEDIATELY IN WRITING.
4. A COPY OF SURGERY DETAILS : IF PERFORMED TO BE ATTACHED.

CONTACT PERSON IN CASE OF EMERGENCY.

NAME OF DOCTOR : _____

TEL. NO. : _____

NAME OF THE FAMILY DOCTOR : _____

TEL. NO. : _____

DOCTOR'S SIGNATURE & SEAL : _____

DATE : _____

PLACE : _____

PARENT'S SIGNATURE