

YASHODA PUBLIC SCHOOL , SATARA

Medical checkup form 2

- 1) Name of the student :
- 2) Date of birth :
- 3) Age :
- 4) Sex :
- 5) Class :
- 6) Height :
- 7) Weight :
- 8) Chest :
- 9) Date of medical checkup made :

Following medical check up to be done

| Sr . No. | Particulars | If any persisting problem | Medication done |
|----------|---------------------|---------------------------|-----------------|
| 1 | Eye problem | | |
| 2 | ENT Problem | | |
| | A) Ear | | |
| | B) Nose | | |
| | C) Throat | | |
| 3 | Teeth problem | | |
| 4 | Skin problem | | |
| 5 | HB% | | |
| 6 | Injection TT | | |
| 7 | Blood group | | |
| 8 | Any medical problem | | |

Certificate :

Follow up date :

Signature of parents

medical officer

principal / co ordinator