

Medical Certificate for School

NameS/O, D/O.....

Class.....Folio No.School.....

OPD No.....

Significant history of Past illness & illness in family (in any)

Examinations :

General Examination

Pulse.....**B.P.**.....**Pollor**.....

R/R.....**Cyanosis**.....**Temperature**.....

Oedema.....**Lymph Node**.....

Systematic Examination :

CVS.....**Respiratory System**.....**CNS**.....

P/Abdomen

Surgical/Ortho Examination

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ENT Examination

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Eye Examination

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Skin Examination

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Dental Examination

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Pathological Examination :

HB%.....Blood Group.....

ABO RH.....

Urine Examination.....

Vaccination (if required)

Typhoid :

Tetanus :

Opinion :

In my opinion child is fit/unfit for School Admission.

Date:

MEDICAL OFFICER

(Seal)

(To be signed by atleast an MBBS Doctor)