



DELHI PUBLIC SCHOOL, DWARKA, NEW DELHI-110078

MEDICAL FORM

(Part- I)

Name of the Student _____ M/F _____ Class _____

Date of Birth _____ Blood Group _____

Father's / Guardian's Name _____ Mother's Name _____

VACCINATIONS

Immunization	Due Date	Date of vaccination		
BCG				
Hepatitis B				
DTP				
HIB				
OPV				
Measles				
MMR				
DPT + OPV + HIB				
Typhoid				
Hepatitis A(2 doses)				
Chicken Pox				

Previous History of Surgery (if any) :

BOOSTER DOSES

Immunization	Due Date	Date of vaccination		
Typhoid (every 3 years)				
TT (every 5 years)				
Other Vaccines				

Signature of Father / Guardian _____

Signature of Mother _____

Name of the Doctor

Signature of Doctor
(official stamp with registration number)

HEALTH HISTORY

(Part- II)

1. Date of Physical examination..... Height Weight.....
Weight at time of birth..... Length at time of birth

Any special medical treatment given in first 4 weeks after birth

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2. Allergy for example : (to any food, adhesive tape, bee sting etc.)

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

3. Summary of Current Health Condition (if any),

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4. Fit to participate in physical activity Yes/ No/ with precaution (please tick)

Name of the Doctor Signature of Doctor
(official stamp with registration number)

DECLARATION BY PARENT

(Part - III)

I _____ Father/ Mother / Local Guardian of _____
student of Class/ Sec. _____ Admission No. _____ hereby confirm that the above said
information about my ward is correct.

Date: _____ Signature of Parent / Guardian _____

MEDICAL FITNESS CERTIFICATE

(Part- IV)

(to be signed by the Medical Officer , D.P. S. Dwarka)

I have verified the above information regarding Master/ Miss _____ Class
/ Section _____ and he/ she is medically fit/ unfit for admission in the School.

Remarks , if any _____

Date : _____ Signature of Medical Officer _____
D.P.S. Dwarka