

## JGI JAIN INTERNATIONAL TODDLERS

(A Unit of JAIN GROUP OF INSTITUTIONS)

495

## **WELLNESS INFORMATION**

Name of the Student							
Class							
Gender: Male Female Date of Birth / / / Kgs						Affix recent passport-size colour photograph	
Identification Marks							
Any allergy							
Ailment/Injuries/physical disability							
Immunization Covered							
Poliomyelitis (Polio Vaccine)	Yes	No 🗌					
Diphtheria/ Pertussis/ Tetanus (Triple Antigen)	Yes	No 🗌					
Measles/ Mumps / Rubella (M.M.R)	Yes	No 🔲					
Tuberculosis (B.C.G)	Yes .	No 🗌					
Hepatitis B	Yes 🗌	No 🗌					
Hepatitis A	Yes	No 🗌					
Others, kindly specify	-						
Does the student have a history of							
Congenital Abnormality	Yes	No 🗌					
Rheumatic Heart Disease	Yes	No 🗌					
Bronchial Asthma	Yes	No 🔲					
Epilepsy	Yes	No 🔲					
Diabetes	Yes	No 🗌					
Hypertension	Yes	No 🗌					
Tuberculosis	Yes	No 🗌					

Any remarks specified by the doctor	
ls the child trained with toilet manners?	Yes No No
If not, kindly specify the problem the child fac	ces
	dly specify
r e	
I, Dr	, have examined Master / Miss
	thoroughly and state that he/ she is medically fit to join school.
Registration No	
Address and Contact No	
Date	
Place	
	Signature of Doctor (with seal)
	Declaration by Devents / Counting
	Declaration by Parents / Guardian
where a written premission is obligatory, I hereb	quire surgical procedure, anesthesia, invasive procedures, administration of drugs by request the school authorities to authorise on my behalf. Medical treatment may be r institution.
where a written premission is obligatory, I hereb availed from any competent medical authority or	y request the school authorities to authorise on my behalf. Medical treatment may be
where a written premission is obligatory, I hereby availed from any competent medical authority or Date	y request the school authorities to authorise on my behalf. Medical treatment may be r institution.
where a written premission is obligatory, I hereby availed from any competent medical authority or Date	y request the school authorities to authorise on my behalf. Medical treatment may be r institution.  (Signature of Parent / Guardian)
where a written premission is obligatory, I hereby availed from any competent medical authority or Date	y request the school authorities to authorise on my behalf. Medical treatment may be r institution.  (Signature of Parent / Guardian)  Name  Relationship with the pupil
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	y request the school authorities to authorise on my behalf. Medical treatment may be r institution.  (Signature of Parent / Guardian)  Name  Relationship with the pupil