



# HIM ACADEMY PUBLIC SCHOOL

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School No.: 23113

**Affiliated to CBSE, New Delhi**

Affiliation No.: 630179

1. Name of the student:
2. Father's Name:
3. Permanent Address:
4. Height (cm): \_\_\_\_\_
5. Visual Standard (both eyes): \_\_\_\_\_
6. Hearing: \_\_\_\_\_
7. Dental: \_\_\_\_\_
8. Speech Defects (stammering etc.) : \_\_\_\_\_
9. Any skin disease: \_\_\_\_\_
10. Physical deformities: \_\_\_\_\_
11. Sign of congenital heart disease: \_\_\_\_\_
12. Any history of chronic diarrhoea: \_\_\_\_\_
13. Is the child allergic to anything? If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 Allergy to any serum or drug: \_\_\_\_\_
14. Blood Group: \_\_\_\_\_
15. Medicines prescribed at the time of admission (if any): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Any other information for the school doctor: \_\_\_\_\_  
 \_\_\_\_\_

Photograph  
of student  
attested  
by the  
Medical Officer

18. Medical record of the child

Personal Medical History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of vaccination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent/Guardian**

Name : \_\_\_\_\_

Relation : \_\_\_\_\_

**Signature of student**

**Signature of Medical Officer**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Stamp

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** The above information is required to enable the school to provide best medical care to the student residing in the hostel. If space is not sufficient, please attach additional sheets for details.

**APPROVAL BY THE SCHOOL DOCTOR**

Date: \_\_\_\_\_

Signature