



# HIM ACADEMY PUBLIC SCHOOL

VikasNagar, Hamirpur, Himachal Pradesh-177001

Phone No. 76500 28300, 76500 29200, 94596 48200, 94596 48248

www.himacademy.com

E-mail: hapsvn@gmail.com

Affiliated to  
**CBSE**  
New Delhi

School No. **43168**

Affiliation No. **630179**

1. Name of the student:

2. Father's Name:

3. Address:

Photograph  
of student  
attested  
by the  
Medical Officer  
(Recent)

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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Any other information for the school doctor: \_\_\_\_\_

\_\_\_\_\_

**17. Has he/she had :**

- a) Chicken Pox ?
- b) Diphtheria ?
- c) Measles ?
- d) Mumps ?
- e) Rheumatic Fever ?

**Yes/No**

\_\_\_\_\_ If so, when ? \_\_\_\_\_  
 \_\_\_\_\_ If so, when ? \_\_\_\_\_  
 \_\_\_\_\_ If so, when ? \_\_\_\_\_  
 \_\_\_\_\_ If so, when ? \_\_\_\_\_  
 \_\_\_\_\_ If so, when ? \_\_\_\_\_

**18. Has he/she been successfully :**

- a) Inoculated against Typhoid ?
- b) Actively immunized against :
  - i) Diphtheria ?
  - ii) Whooping Cough ?
  - iii) Any other disease ?

**Yes/No**

\_\_\_\_\_ If so, when ? \_\_\_\_\_  
 \_\_\_\_\_ If so, when ? \_\_\_\_\_  
 \_\_\_\_\_ If so, when ? \_\_\_\_\_

**19. Has he/she had :**

- a) Fits ?
- b) Any discharge from ear/ears drum ruptured ?
- c) Asthma ?
- d) Incontinence of Urine ?

**Yes/No**

\_\_\_\_\_ If so, when ? \_\_\_\_\_  
 \_\_\_\_\_ If so, when ? \_\_\_\_\_  
 \_\_\_\_\_ If so, when ? \_\_\_\_\_  
 \_\_\_\_\_ If so, when ? \_\_\_\_\_

**20. Has he/she been bitten by any Animal (Dog, Monkey etc.)** \_\_\_\_\_

\_\_\_\_\_ If so, when ? \_\_\_\_\_

**21. Has he/she had any serious illness ?**

If so, give particulars and dates.

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

**22. Did he undergo any surgical operation ?**

If so, give particulars and dates.

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

**23. History of serious hereditary ailments in the family.**

\_\_\_\_\_

**Signature of Parent/Guardian**

**Signature of student**

**Signature of Medical Officer**

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

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

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

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

HAPS Health Officer/Nurse \_\_\_\_\_

Stamp

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

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