# HORIZON SCHOOL OF EXCELLENCE

A project of Nehru Sidhant Kender Trust & Shri Gow Rakshni Sabha
Bhamian Road, Village Kulieawal, Ludhiana (Punjab)

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Tel No: 0161-4051805

## STUDENT HEALTH FORM

Student's Name: _____

Date of Birth: _____

Gender: Male / Female / Any Other

Blood Group: _____

Student's Photograph

Father/Guardian's Name: _____ Contact No.: _____

Emergency Contact- Name: _____ Phone No.: _____

### Medical Information of Student
(To be certified by a Doctor)

The child has the following medical problems which the school must be aware of:

(Tick the appropriate box)

| | | |
|---|---|---|
| ☐ Allergy | ☐ Asthma | ☐ Frequent Throat Infections |
| ☐ Eye Problem | ☐ Epilepsy | ☐ Musculoskeletal Problem |
| ☐ Ear Infections | ☐ Hearing Difficulty | ☐ Emotional- Behavioral Problem |
| ☐ Delayed Milestones | ☐ Skin problems | ☐ Speech Disorder |
| ☐ Heart Lesion | ☐ Diabetes | ☐ Renal Problem |

Details:

i) Is the child on any long-term medication, if yes, mention details:

_____

ii) Any significant disease diagnosed in the past:

_____

iii) The child may undertake routine outdoor physical activity: Yes / No

If no, kindly give reasons:

_____

iv) Child's Vaccination Record:

| Vaccinations | | Yes/ No | Number of initial/ Primary doses | Number of subsequent/ Booster doses | Missed Vaccinations which may be given in the near future. Mention : Name of Vaccine & Date of administration |
|---|---|---|---|---|---|
| 1 | BCG | | | | |
| 2 | Hepatitis B | | | | |
| 3 | DPT-Hib | | | | |
| 4 | Polio | | | | |
| 5 | Pneumococcal | | | | |
| 6 | Measles | | | | |
| 7 | MMR | | | | |
| 8 | Typhoid | | | | |
| 9 | Hepatitis A | | | | |
| 10 | Chicken Pox | | | | |
| 11 | Rotavirus | | | | |
| 12 | Flu | | | | |

Date: _____ Doctor's Seal & Signature

## Medical Aid In School

The medical infirmary in school is equipped to administer first aid to students for minor injuries like bruises.

Parent will be consulted in case their child is in an emergency medical situation.

Please provide the following details in case your child has an emergency health situation:

Preferred Hospital: _____

Location: _____

Name & Contact No. of Preferred doctor: _____

## Declaration by Parent

We (including our ward) shall follow all the health-related precautions/ instructions specified by the school authorities from time to time.

Signature of Parent / Guardian Date: _____

Name: _____

Relationship: _____

Contact Number: _____