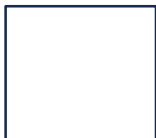


Medical Health Record Certificate

Eklavya Model Residential School _____ District: _____ State: _____

1. Name of the Candidate : _____
2. Father's Name : _____
3. Address : _____
4. Date of Birth : _____
5. Height and Weight : _____
6. Abdomen (General Examination): _____
7. Chest (General Examination) : _____
8. Vision (With/Without Correction): Left Eye : _____ Right Eye: _
9. Ears : _____
10. Throat : _____
11. Locomotor System : _____
12. Blood Pressure (BP) : _____
13. Cardiovascular System (Heart Function): _____
14. Respiratory System : _____
15. Genito-Urinary System : _____
16. Nervous System : _____
17. Allergies (Drug/Food/Environmental): _____
18. State of Vaccination : _____
19. Skin : _____
20. Blood Group : _____
21. Dental Hygiene : _____
22. Blood Disorders
(Sickle Cell Anaemia / Haemophilia / Others): _____
23. Communicable Disease
(TB / Hepatitis-A / Hepatitis-B / Others) : _____
24. Congenital / Chronic Diseases:
(Acute Appendicitis / Congenital Heart Disease / Others) : _____
25. Epilepsy (under treatment/controlled/not applicable) : _____
26. Any past history of serious illness including surgery : _____
27. Is under regular/periodical medication for any ailments : _____

Remarks (if any, For Medical Care Purpose):



Signature of Civil Surgeon: _____

Office Seal: _____

Name & Designation: _____

Date: _____

Photograph of the Student

(Attested with thumb impression)

Note:- This Medical Health Record Certificate is obtained solely for student health records and medical management during residential schooling. The Medical Health Record Certificate should not be older than one month from the date of its issue.