



St. Paul's Sr. Sec. School, Katni (M.P)

Civil Lines, Katni (M.P)

SCHOOL HEALTH RECORD

Please refer CBSE Circular No. 15, CBSE/ACAD/AEO(L)/2012 dated 24/02/2012

Name of Student _____ M/F _____ Class _____

Date of Birth _____ Blood Group _____

Father's Name _____ Mother's Name _____

VACCINATIONS

Immunization	Age Recommended	Due Date	Date of Vaccination
BCG	0 - 1 Month		
H0epatitis B	At birth		
	1 Month		
	6 Month		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT + OPV+ HIB	16 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT - OPA	4 ¹ / ₂ Years		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (Every 5 years)			
Other Vaccines			

Date _____ Signature of Father _____ Signature of Mother _____



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HEALTH HISTORY

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ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

- Does the child have any problem during physical activity _____

Signature of Father _____ Signature of Mother _____

TO BE CERTIFIED BY A REGISTERED MEDICAL PRACTITIONER

Date of Physical Examination _____ Height _____ Weight _____

B.P. _____ Pulse _____ Vision L _____ R _____

Squint _____ Conjunctive _____ Cornea _____ Ear L _____ R _____

Clinical Examination	Normal	Recommendation	
Head/Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

Summary of Current Health Condition _____

- Fit to participate in age specific physical activity _____
- Fit to participate in age specific physical activity with precaution _____

- Should not participate in competitive sport _____

Name of Doctor _____

Signature of Doctor _____

Date _____