

## MEDICAL HISTORY

This certificate must be filled up in consultation with a Government Medical Officer and signed by the parent or guardian and brought at the time of the ward's admission to the School. The suppression of important information as to past or present health or as to exposure to infection is liable to be regarded as a breach of contract.

Name \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

1. Has he had

Chicken pox ? (Yes / No) _____	If so, When? _____
Diphtheria ? (Yes/ No) _____	If so, When? _____
Rubella (German Measles)? (Yes/ No) _____	If so, When? _____
Measles? (Yes/ No) _____	If so, When? _____
Mumps? (Yes/ No) _____	If so, When? _____
Small pox?_(Yes/ No) _____	If so, When? _____
Whooping cough? (Yes/ No) _____	If so, When? _____
Enteric fever? (Yes/ No) _____	If so, When? _____
Rheumatic fever?_ (Yes/ No) _____	If so, When? _____

2. He has been successfully vaccinated/inoculated against:-

Typhoid ?_ (Yes/ No) _____	If so , When? _____
Diphtheria ?_ (Yes/ No) _____	If so, When? _____
Whooping cough ?_ (Yes/ No) _____	If so, When? _____
Any other disease ? (Yes/ No) _____	If so, When? _____

3. Vaccinations Details :

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
DTP	6 Months		
	2 Months		
	3 Months		
HB	4 Months		
	2 Months		
	3 Months		
Oral Polio	4 Months		
	At Birth		
	1 Month		
	2 Months		
Measles	3 Months		
	4 Months		
	9 Months		
	16 Months		
MMR	18 Months		
DTP+OPV+HIB			
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT – OPA	4.5 Years		

4. Booster doses

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

5. Medical History

Has he :-

Had fits ?(Yes / No)\_\_\_\_\_ If so, When? \_\_\_\_\_

Had any fracture ? (Yes / No)\_\_\_\_\_ If so, When? \_\_\_\_\_

Had any discharges from ear? (Yes / No)\_\_\_\_\_

Had asthma ? (Yes / No)\_\_\_\_\_ If so, When? \_\_\_\_\_

Had been bed wetter? (Yes / No)\_\_\_\_\_ If so, When? \_\_\_\_\_

If so, When? \_\_\_\_\_

6. Does he suffer from ailment or constitutional peculiarity, affecting the general health, sight, hearing etc.,? \_\_\_\_\_

7. Is he allergic to any medicine, penicillin, sulpha, aspirin etc.?  
\_\_\_\_\_

8. Are the teeth in good order? \_\_\_\_\_

9. Is he in your opinion fit in all respect for Sainik School life? \_\_\_\_\_

10. Is there any other information that you think the medical officer should have ?  
\_\_\_\_\_

11. I understand that in case of detection of any such case by School Medical Officer which will make my ward unfit for Armed Forces, my ward will be withdrawn from the school. I shall not represent against such withdrawal.

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

\_\_\_\_\_  
(Signature & Name of parent/Guardian)