



# VIDHYA VISHWALAYA

GLOBAL SCHOOL OF SECONDARY EDUCATION

PILCHINNAMPALAYAM - SAMATHUR(P.O) , POLLACHI - 642 123, COIMBATORE

Annexure - II

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Medical Form

Please note that this certificate must be signed by a qualified medical practitioner / Physician. Please use the reverse side for supplementary information, if necessary

Name of the Student \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address & Telephone No. of parent / guardian \_\_\_\_\_

\_\_\_\_\_

Name, Address and Tel Number of nearest relative or friend near by the school \_\_\_\_\_

\_\_\_\_\_

## Infectious Diseases

*(Please underline the disease(s) your child has already had)*

Measles - German Measles - Scarlet Fever - Chicken Pox - Mumps - Whooping cough - Epidemic Viral - Hepatitis - Malaria - Typhoid Fever - Poliomyelitis - Tetanus - Diphtheria - Meningitis - Endocarditis - mononucleosis (Glandular Fever) - Toxoplasmosis, etc.

## Other Illness (Please Underline)

Respiratory : Frequent tonsillitis - otitis (ear Infection), Bronchitis - Asthama - Sinusitis - Expistaxis

Digestive : Gastric - Digestive - Intestinal Complaints

Heart & Circulation : Congenital or acquired heart diseases - Peripheral circulatory troubles (chilblain or Others)

Blood : Blood Group -  
Anemia - Prolonged bleeding - capillary Fragility or other trouble

Nervous : Epilepsy - Tetanus - Disorders of character - Migraine

Joints & Bones : Rheumatic illness - Trauma requiring special attention

Endocrine : Diabetes - Thyroid and Parathyroid problems or other

Metabolism : Obesity - Failure to thrive - Other problems

Skin (Epidemic) : Eczema - Urticaria - other contagious or non - contagious skin diseases - Fungal infection

Allergies : Drug - Foods - Odours - Chemical Products - Plants Dust (pollen) - Hair - Feathers or others

**Other Illness (Please Underline)**

Urinary : Kidney trouble - Bladder : Cystitis - enuresis

Genital ( Concerns : Eg. Incapacitating Periods or other troubles  
Mostly Girls)

Teeth : Condition of Teeth - Necessary care or supervision

Glasses of Contact lenses : If spectacles are worn, please supply an extra set

Date of the most recent illness : \_\_\_\_\_

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

Particular wishes of the parents : \_\_\_\_\_

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

Please state whether the child is fit and able to participate in sports and expeditions. if not, please give

1. Medical Certificate

2. Concise Physical report

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

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

Supplementary remarks and information (Send analysis, X-rays, Medical certificates etc.)

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

Clinical Evaluation - Health Certificate \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature of Medical Practitioner /  
Physician with seal & Regn. No.

Supplementary information : \_\_\_\_\_

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