St.Angel's School
Rohini, New Delhi

Medical History Form

Name of the Scholar

Grade

Admission Number

Weight

Height

Blood Group

Important

We request you to be completely thorough in providing information requested below, to St Angel s School. Many scholars over the years have had a variety of medical and psychological difficulties which have not, in any way, interfered with their success at St Angel s School; however, for the scholar's own safety and health, the medical staff must be aware of such problems.

Please check every condition that applies to your ward and provide detailed comments, including date of the condition, medication and current status of the condition. Use additional pages or support the document with medical reports, if necessary.

Has your ward ever suffered from?

1. **Asthma / Wheezing** ☐ No ☐ Yes

   If yes, please give details

2. **Bleeding Disorder** ☐ No ☐ Yes

   If yes, please give details

3. **Diabetes** ☐ No ☐ Yes

   If yes, please give details

4. **Epilepsy / Convulsions** ☐ No ☐ Yes

   If yes, please give details

5. **Blood Pressure** ☐ No ☐ Yes

   If yes, please give details

6. **Migraine / Headache** ☐ No ☐ Yes

   If yes, please give details

7. **Syncope / Fainting** ☐ No ☐ Yes

   If yes, please give details

8. **Heart Problem** ☐ No ☐ Yes

   If yes, please give details

9. **Eye Problem** ☐ No ☐ Yes

   If yes, please give details

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10. Hearing Problem ☐ No ☐ Yes

If yes, please give details _____

11. Ankle / Knee / Joint Problem ☐ No ☐ Yes

If yes, please give details _____

12. Frequent infections of

a. Ear ☐ No ☐ Yes

If yes, please give details _____

b. Throat / Tonsils ☐ No ☐ Yes

If yes, please give details _____

c. Sinuses ☐ No ☐ Yes

If yes, please give details _____

13. Does your child have any special / restricted Dietary Needs? ☐ No ☐ Yes
(Please attach a photocopy of the Diet Chart)

If yes, please give details _____

14. Has your ward been hospitalized within last 3 years? ☐ No ☐ Yes

If yes, please give details _____

15. Has your ward suffered from Typhoid / Jaundice in last 3 years? ☐ No ☐ Yes

If yes, please give details _____

16. Has your ward been exposed to Tuberculosis in last 3 years? ☐ No ☐ Yes

If yes, please give details _____

17. Is your child allergic to:

a. Bee sting / Insect Bite ☐ No ☐ Yes

If yes, please give details _____

b. Any Medicine ☐ No ☐ Yes

If yes, please give details _____

c. Food Item ☐ No ☐ Yes

If yes, please give details _____

18. Is your ward taking any medication? ☐ No ☐ Yes

If yes, please give details _____

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19. Can the following medications can be given to your ward, in case of an emergency:

a. **Paracetamol / Crocin** ☐ No ☐ Yes

If yes, please give details _____

b. **Anti- Histamine / Anti-Allergic** ☐ No ☐ Yes

If yes, please give details _____

c. **Antacids / Digene** ☐ No ☐ Yes

If yes, please give details _____

d. **Non-steroidal anti-inflammatory** ☐ No ☐ Yes

If yes, please give details _____

e. **Any injections (only in case of an emergency)** ☐ No ☐ Yes

If yes, please give details _____

20. **Does your ward require Glasses or Contact lenses?** ☐ No ☐ Yes

If yes, please give details _____

21. **Has your ward been immunised as per the schedule?** ☐ No ☐ Yes
(Please attach a photocopy of the Immunisation Card)

22. **Is your ward taking any medications?** ☐ No ☐ Yes
(Please attach a photocopy of the Doctor's prescription)

Note
Any medication carried by a day scholar or scholar in residence must be handed over to the class mentor or House Parent, respectively. Medication will be administered by the School Nurse, as per prescription provided by Parents'.

Medical Certificate

This is to certify that I _____

have examined _____

of Grade _____ Age _____

and found that he/she is not suffering from any chronic/contagious disease or any disability which prevents him/her from attending the swimming classes.

Doctors' Signature
(Name & Stamp with Regn.No.)

_____

Date _____

Note
This certificate has to be signed by Regd. MBBS Doctor.

For Office Use Only

Date of receiving the form _____

Received by _____