

D.P.S.SCHOOL,BEGUSARAI

AFFILIATED TO C.B.S.E,DELHI UPTO 10+2 LEVEL AFFN No-330252,SCHOOL CODE.-50174
RUN&MANAGED BY:DELHI PUBLIC SCHOOL TRUST (DELHI)
MAHMADPUR,BEGUSARAI-851129(BIHAR),Ph. No.-06243-221332,Fax No-06243-223001
E-mail :-dpsschoolbegusarai@yahoo.in,dpsbegusarai@gmail.com
Web site :-www.dpsbegusarai.com



MEDICAL FORM

Part-I

MEDICAL HISTORY OF THE CHILD

I Father/Mother/Local Guardian of

Student of Class Sec. Admission No. hereby confirm that my child/ward is suffering /not suffering from :

- a) Allergy to any food/drug
- b) Fits
- c) Bronchial Asthma/Bronchospasm
- d) Any other disease for which the child is on regular medication.(Parents to note that concealing correct history may result in Expulsion from School/Hostel).

Date :

Signature of Parent/Guardian

Part-II

MEDICAL FITNESS CERTIFICATE

(To be signed by the Regd. Medical Practitioner)

Certified that Master/Miss : _____ S/o - D/o _____ is examined by me,

today on/...../.....whose signature is given below

-is medically fit.

-Has no allergy.

-Has not suffered from any Acute/Chronic disease which needs constant Medical Supervision (if yes, please specify)

.....
Full Signature of Student

.....
Signature of Medical Officer
Name with Regn. No. & Seal

Part-III

Report for ENT and teeth

please attach the report

Part-IV

MEDICAL CERTIFICATE

(To be signed by Medical Officer,)

Certified that I have examined Master/Miss Class

Section and he/she is medically fit/unfit for admission in School/Hostel.

Remarks, if any

Signature of Medical Officer

Date :