



Delhi Public School Srinagar

Athwajan, Srinagar - 190004 (J&K)

P: 0194 2467286, 2467550 F: 0194 2467669

E: info@dpssrinagar.com W: www.dpssrinagar.com

SCHOOL HEALTH RECORD

Affix
recent colored
PP size
photograph
here

Student ID: Class Joined:

Name:

Blood Group:

In case of emergency contact

Name

Address

Phone No.

Family Doctor

Name

Phone No.



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HEALTH HISTORY

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



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To be certified by a Registered Medical Practitioner

Date of physical examination Height Weight

B.P Pulse Vision L R

Squint Conjunctiva Cornea Ear L R

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

Summary of Current Health Condition

.....

.....

1. Fit to Participate in age specific physical activity

2. Fit to participate in age specific physical activity with precaution

.....

3. Should not participate in competitive sport

GENERAL PROFILE

General Appearance

Weight Kg. (Actual Percentile)

Height Cms (Actual Percentile)

Eye Vision	Right Eye	Left Eye
.....

Squint Conjunctiva Cornea

Ears	Right Ear	Left Ear
.....
	External Ear	Middle Ear

Oral Cavity

Gums

Colour

Teeth Occlusion

Caries

TONSILS

Lymph Nodes

Pulse

B.P.

Nails

Skin

Muscle, Skeletal System Knee/FLat Feet/Lordosis/Kyphosis.....

Systematic Examination

Important Findings

Remarks

Name of the Doctor

Seal/Signature of Doctor