

SWAMI VIVEKANANDA HOSTEL, PERAMBRA

MEDICAL INFORMATION

(FILL THE FORM IN BLOCK LETTERS)

1 NameClass.....

2 Address
.....
.....

3 Date of BirthAge.....
(attach copy of birth certificate)

4 Sex:

5 Blood group

6 Height(cm) Weight.....(kg)

7. Identification mark of the Pupil
.....

8 Date of last Vaccination:

9. Allergy : (any) :.....
(Attach Doctor's Prescription)

Date of Examination:.....

Give details:.....
.....

10. If any permanent disease.....
(attach doctor's prescription)

Give details :.....
.....

DECLARATION

I solemnly declare that the above particulars about my ward
..... are true and correct.

Place:

Signature of Parent/Guardian

Date:

Name :