



MYSORE PUBLIC SCHOOL

[A Co-Educational, Day cum Boarding School, affiliated to the Council for the Indian School Certificate Examinations, New Delhi.]

Rayanakere Post, H D Kote Road, Mysuru-570008.Karnataka.India.
Ph. 0821-2597917, 2597723, 2597724, 2597957.

MEDICAL REPORT

1. Name (in block letters)

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2. Age & Date of birth

Years	Months	Date	Month	Year

3. Full address, Telephone, e-mail of parents / Guardian

tele no.	e-mail:

4. Sex (tick)

MALE

FEMALE

5. Previous illness

a. Chicken Pox

Year..... From..... To.....

b. Whooping Cough

Year..... From..... To.....

c. Diphtheria

Year..... From..... To.....

d. Primary Complex

Year..... From..... To.....

e. Measles

Year..... From..... To.....

f. Mumps

Year..... From..... To.....

g. Tonsillitis

Year..... From..... To.....

h. Other illness

Year..... From..... To.....

6. Details of Vaccinations

a. Triple Antigens Polio

Year..... From..... To.....

b. Booster Dose for above

Year..... From..... To.....

c. Primary Vaccination

Year..... From..... To.....

d. Re-Vaccination

Year..... From..... To.....

e. Hepatitis B Vaccine

Year..... From..... To.....

f. Typhoid Vaccine

Year..... From..... To.....

7. Drug Allergy and Food Allergy.....

8. Name, Address, Telephone No. of family Doctor.....

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9. Any other instruction the parent wishes to notify.....

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Place:

Date:

Signature of Parent / Guardian

NOTE: Above information is required to enable the school to provide the best medical attention as the visiting doctors are very keen to ensure that all the children maintain good health.