



# JAIN HERITAGE SCHOOL

(A JGI Institution)

## WELLNESS INFORMATION

Name of the Student \_\_\_\_\_

Class \_\_\_\_\_

Gender: Male  Female

Date of Birth   /  /    
D D M M Y Y Y Y

Blood Group \_\_\_\_\_ Height \_\_\_\_\_ cms Weight \_\_\_\_\_ kgs

Identification Marks \_\_\_\_\_

Affix  
recent passport-size  
colour photograph

Any allergy/ailment/injuries/physical disability \_\_\_\_\_

### Immunization Covered

Poliomyelitis (Polio Vaccine) Yes  No

Diphtheria/ Pertussis/ Tetanus (Triple Antigen) Yes  No

Measles/ Mumps / Rubella (M.M.R) Yes  No

Tuberculosis (B.C.G) Yes  No

Hepatitis B Yes  No

Hepatitis A Yes  No

Others, kindly specify \_\_\_\_\_

### Does the student have a history of

Congenital Abnormality Yes  No

Rheumatic Heart Disease Yes  No

Bronchial Asthma Yes  No

Epilepsy Yes  No

Diabetes Yes  No

Hypertension Yes  No

Tuberculosis Yes  No

#### School Campus

Kempapura, Hebbal, Bangalore - 560 024  
P +91 80 2362 6122 F +91 80 2362 6121  
E info@jhs.ac.in W www.jhs.ac.in

#### Group Head Office

The JGI Group  
91/2, Dr. A.N. Krishna Rao Road, V.V. Puram, Bangalore - 560 004  
P +91 80 2661 5246 F +91 80 2650 0895 E info@jgi.ac.in W www.jgi.ac.in

Is the child fit & able to participate in sports and expedition?

Yes  No

If not please enclose a medical certificate

Any remarks specified by the doctor \_\_\_\_\_

\_\_\_\_\_

Is the child trained with toilet manners?

Yes  No

If not, kindly specify the problem the child faces \_\_\_\_\_

\_\_\_\_\_

Does the child require any specific diet? Kindly specify \_\_\_\_\_

\_\_\_\_\_

I, Dr. \_\_\_\_\_, have examined Master / Miss

\_\_\_\_\_ thoroughly and state that he / she is medically fit to join school.

Registration No. \_\_\_\_\_

Address and Contact No. \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature of Doctor (with seal)

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**Declaration by Parent / Guardian**

In case of medical emergency which may require surgical procedure, anesthesia, invasive procedures, administration of drugs where a written permission is obligatory, I hereby request the school authorities to authorise on my behalf. Medical treatment may be availed from any competent medical authority or institution.

Date \_\_\_\_\_

(Signature of Parent / Guardian)

Place \_\_\_\_\_

Name \_\_\_\_\_

Relationship with the pupil \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_

E-mail \_\_\_\_\_

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