



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)

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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