



JAIN HERITAGE SCHOOL

(A JGI Institution)

WELLNESS INFORMATION

Affix
Recent passport- size
colour photograph

Name of the Student _____ Class _____

Gender: Male Female Date of Birth ___/___/___ Blood Group _____

Father's Name _____ Mother's Name _____

VACCINATIONS

| Immunization | Age Recommended | Due Date | Date |
|-----------------------|----------------------|----------|------|
| BCG | 0-1 month | | |
| Hepatitis B | At the time of birth | | |
| | 1 month | | |
| | 6 month | | |
| DPT | 2 months | | |
| | 3 months | | |
| | 4 months | | |
| HB | 2 months | | |
| | 3 months | | |
| | 4 months | | |
| Oral Polio | At the time of birth | | |
| | 1 months | | |
| | 2 months | | |
| | 3 months | | |
| | 4 months | | |
| Measles | 9 months | | |
| MMR | 16 months | | |
| DPT+OPV+HIB | 18 months | | |
| Typhoid | 2 years | | |
| Hepatitis A (2 Doses) | 2 years | | |
| Chicken Pox | After 1 year | | |
| DT - OPA | 4½ years | | |

BOOSTER DOSES

| | | | |
|-------------------------|--|--|--|
| Typhoid (every 3 years) | | | |
| TT (every 5 years) | | | |
| Other Vaccines | | | |

HEALTH HISTORY

Allergy to any food, adhesive tape, bee sting

| Allergy | What Happened | How Severe | Medication Taken at the Time of Allergy |
|---------|---------------|------------|---|
| | | | |

Signature of Father _____ Signature of Mother _____

TO BE CERTIFIED BY A REGISTERED MEDICAL PRACTITIONER

Date of physical examination _____ **Height** _____ **Weight** _____

| Clinical Examination | Normal | | Recommendation |
|--|---------------|-----|-----------------------|
| General Appearance | | | |
| Head / Neck | | | |
| Eye Vision | R.E | L.E | |
| Squint Conjunctiva Cornea | | | |
| Ear | Rt. | Lt. | |
| External Ear | Rt. | Lt. | |
| Middle Ear | Rt. | Lt. | |
| Oral Cavity Gums Colour Teeth Occlusion Caries Tonsils Lymph Nodes | | | |
| Nails | | | |
| Skin | | | |
| Abdomen | | | |
| Muscle / Skeletal System / Knee / Flat Feet / Lordosis / Kyphosis | | | |
| Pulse | | | |
| B.P | | | |
| Surgery | | | |
| Serious Illness | | | |
| Systemic Examination | | | |

Summary of current health condition _____

Fit to participate in age specific physical activity _____

Fit to participate in age specific physical activity with precaution _____

Should not participate in competitive sport _____

Does child require any specific diet _____

Name of the Doctor _____ **Signature of Doctor** _____

(with seal)

JAIN HERITAGE SCHOOL

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