



RAM RATNA VIDYA MANDIR

ISO 9001:2015 CERTIFIED SCHOOL ♦ CBSE AFFILIATION NO. 1130044

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Medical Certificate

Date of Physical examination: _____

Height : _____ Weight : _____

B.P: _____ Pulse: _____

Vision: L: _____ R: _____ Color: _____

Squint : _____ Conjunctiva: _____ Cornea: _____

Hearing: L: _____ R: _____

Dental: _____ Skin : _____

Nervous system: _____

Respiratory system: _____

Cardiovascular System: _____

Gastrointestinal System: _____

Genitourinary System: _____

Endocrine System : _____

Summary of Current Health Condition: _____

a) Fit to participate in age specific physical activity _____

b) Fit to participate in age specific physical activity with precaution _____

c) Should not participate in competitive sports _____

I further certify that there is nothing adverse in his medical which may later incapacitate him from continuing his education.

Master _____ has been fully protected in childhood with all Recommended Vaccines.

SIGNATURE & STAMP OF DOCTOR
NAME OF DOCTOR

DATE:
REGISTRATION NO:

DECLARATION

I declare that the attached information about my son's medical history is true to the best of my knowledge. I do understand that concealing any vital information about his health may mislead the school doctors and this may prove dangerous for my son's health.

I also understand that while in the school campus, if my son needs medical attention, he will be attended by the school medical staff and if required the treatment will be started immediately. If immediate hospitalization is required for any reason, he will be admitted in the school's mini hospital or appropriate nearby hospital. I hereby give my full consent for the same.

In case of long term ailments / contagious or infectious disease, it will not be possible for the school to keep the child in the campus, whenever notified; I will make immediate arrangements to take my son home.

The expenses incurred for the investigations and treatment of my son will be fully borne by me.

In case he is found medically unfit his admission would be cancelled.

Place : Signature of Parent

Date : Name of the Parent