



RAM RATNA VIDYA MANDIR

ISO 9001:2008 Certified School ♦ CBSE Affiliation No.1130044
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HEALTH CERTIFICATE

Name of the student: _____ Class: _____

Date of birth: _____ Blood Group: _____ House: _____ Gr No. _____

Father's Name: _____ Occupation : _____

Mother's Name: _____ Occupation : _____

Home Address : _____

Telephone- Mobile: _____ Landline: _____

Fax/E-mail: _____

Office Address:: _____

HEALTH HISTORY

ALLERGY - to any food, medicine, bee sting, etc

Allergy: _____

What Happened? : _____

How Severe: _____

Medication Taken at the Time of Allergy:

ASTHMA - Yes/No; if yes, please give details:

EPILEPSY - Yes/No; if yes, please give details:

DIABETES - Yes/No; if yes, please give details:

CONGENITAL HEART DISEASE - if yes; please give details:

PROBLEMS DURING PHYSICAL ACTIVITY- Yes/No; if yes please give details:

Signature of Father: _____

Signature of Mother: _____

Immunization AGE	Date
BCG 0-1 Month	_____
Hepatitis Bat BIRTH	_____
1 Month	_____
6 Month	_____
DPT 2 Months	_____
3 Months	_____
4 Months	_____
Oral Polio at Births	_____
1 Month	_____
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 Age 1 Year	_____
DT- OPA 4 ½ Year	_____

BOOSTER DOSES

Typhoid (every 3 years)
 TT (every 5 years)

Other Vaccines:

Meningococcal Conjugate	Routine use for all adolescents 10-12 years of age and students going for study abroad
Tdap	Routine use for all adolescents 10-12 years of age
HPV	Routine use for all females 11-12 years of age
Influenza	May be given to all adolescents to protect against H1N1
Hepatitis B	Catch -up for all children <19 years of age
MMR	Catch-up for all school age children and adolescents
Varicella	Catch-up for all adolescents
Hepatitis A	Catch-up for all children <18 years of age
H.Influenzae	Catch-up for adolescents with Immunosuppressive conditions
Pneumococcal	Adolescents with risk factor for invasive pneumococcal disease
Typhoid Vi Polysaccharide	Routine use in all adolescents residing in or travelling to endemic areas or areas with outbreaks
Japanese Encephalitis	All adolescents residing in or travelling to endemic areas during JE transmission season (may-oct).

SIGNATURE & STAMP OF DOCTOR

NAME OF DOCTOR:
 REGISTRATION NO:

Eye Check-up: kindly submit the report of the Ophthalmologist.

_____ (students wearing Spectacles are requested to bring concerned doctor's prescription / address and two sets of spectacles)

SIGNATURE & STAMP OF DOCTOR: _____

NAME OF DOCTOR: _____

DATE: _____

REGISTRATION NO: _____

Dental Check-up: kindly submit report of the dentist

_____ (students wearing Orthodontic appliances should bring the concerned doctor's prescription/ address and instructions for readjustment etc.)

SIGNATURE & STAMP OF DOCTOR: _____

NAME OF DOCTOR: _____

DATE: _____

REGISTRATION NO: _____

LAB Test Reports by qualified Pathologist

1. Urine Test

(i) Routine : _____

(ii) Microscopic : _____

2. Complete Haemogram : _____

3. Blood Grouping : _____

4. Australia Antigen : _____

5. G6PD : _____

SIGNATURE & STAMP OF DOCTOR: _____

NAME OF DOCTOR: _____

DATE: _____

REGISTRATION NO: _____