



RAM RATNA VIDYA MANDIR

ISO 9001:2015 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: _____