



HERITAGE GLOBAL SCHOOL

DHAUJ, SOHNA ROAD, FARIDABAD

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MEDICAL EXAMINATION FORM

Name _____ Class _____ Date of birth _____

Address _____

Emergency Tel (s) _____

History of vaccinations received

BCG _____	Hepatitis-B _____	MMR _____
Polio _____	Measles _____	Typhoid _____
DPT _____	Chicken Pox _____	Tab/TT _____
HIB _____	Hepatitis-A _____	

History of past illness

Mumps _____	Chicken pox _____	Jaundice _____
Rheumatic fever _____	Tuberculosis _____	Seizure _____
Measles _____	Fracture _____	Operations _____
Asthma _____	Any Others _____	

History of illness in the family

Tuberculosis _____	Diabetes _____	Asthma _____
Hypertension _____	Epilepsy _____	Any Other _____

General Examination

Height _____	Weight _____
Pulse rate _____	Resp rate _____
Pallor _____	Jaundice _____
Oedema _____	Cyanosis _____
Lymph node _____	Skin Hair& Nails _____

Cardiovascular System

Heart Sound _____

Murmur or extra sound if any _____

Respiratory System

Breath Sound _____

Crackles _____

Rhonchi _____

Gastrointestinal System

Liver _____

Spleen _____

Any other lump _____

E. N. T.

Tonsils _____

Pharynx _____

D. N. S. _____

Eardrum _____

Wax _____

Perforation _____

Central Nervous System

Cranial nerves _____

Tendon reflexes _____

Planter _____

Dyslexia _____

Ophthalmic Check Up

Dental Check Up

Doctor _____

Date _____

Seal _____