



Lead Us From Darkness To Light

## BIRLA HIGH SCHOOL

1, Moira Street, Kolkata -700017

MEDICAL REPORT (FOR STUDENTS)

YEAR 20.....

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Blood Group \_\_\_\_\_

Class \_\_\_\_\_ Section \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Address (Res.) \_\_\_\_\_

\_\_\_\_\_

Phone No. (in case of an emergency) \_\_\_\_\_

Specific Ailment (if any, mention) \_\_\_\_\_

\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

## Health Details

Past history of spinal cord, head injury, contagious disease etc. (if any)

Specific health conditions – Asthma, Epilepsy etc. (if any)

<b>Immunization Records</b>	<b><u>YES</u></b>	<b><u>NO</u></b>
BCG		
OPV		
IPV		
Hepatitis B		
DTP		
HIB		
MMR		
Typhoid		
Varicella		
Hepatitis A		
<b>Allergy Data</b>		
Dust		
Any known food items		
Any drugs		
Others		
<b>Blood Group</b>	<i>(Furnish pathological report)</i>	

## UNDERTAKING

I/We,....., Parent/Parents/  
Guardian of.....

student of class ..... of Birla High School do hereby undertake and declare for and on behalf of my said ward that I/we take full responsibility and liability of his acts of omissions and commissions that the management of the school may consider prejudicial to the interest of the institution, and the decision of the management in this regard will be final and binding.

I/We further undertake that it is my/our duty to disclose any of the health issues as listed below of my ward is susceptible to and which is known to me/us.

I/We also undertake that in the event of default of school fee and/or any other dues, the management of the school reserves the right to strike off the name of my ward from the rolls of the school.

It has also been made amply clear by the School authorities that responsibility of sending to and collecting of my ward from the school lies solely on me/us.

### ACKNOWLEDGEMENT

I/We have gone through the terms of the above undertaking carefully and understand that these are for my/our ward's welfare and wellbeing. I/We also understand that if I/we fail to comply with these rules and regulations then I/we will be liable to action due as per school's said rules and regulations.

	Father	Mother	Guardian (if any)
Name			
Signature			

Date .....