



BIRLA SCHOOL, PILANI

MEDICAL EXAMINATION FORM (FOR RESIDENTIAL WING)

Name:-.....S/o

Class & Section.....Account No./S.R. No.....

School.....OPD No.....

1. (Significant history of Past illness & illness in family (if any)
2. History of Vaccine
3. History Drugs Allergy/Food Allergy if any

Examinations:

General Examinations

Pulse Rate.....B.P.....Height.....

Weight.....R/R.....Temperature.....

Blood Group

Systematic Examination

CVS.....Respiratory System.....CNS.....

P/Abdomen

ENT Examination

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Eye Examination

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Skin Examination

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Dental Examination

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Pathological Examination

HB%.....Blood Group.....

History of Vaccine

BCG..... Diphtheria.....

Pertussis.....Tetanus.....

Oral Polio.....Measles.....

Hepatitis.....Smallpox.....

Typhoid.....Cholera.....

Opinion.....
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In my opinion child is fit /unfit for School Admission.

Parent's Signature

Date:-.....

MEDICAL OFFICER

(To be signed by at least an MBBS Doctor)

(Seal)



BIRLA SCHOOL, PILANI

MEDICAL EXAMINATION FORM (FOR DAY SCHOLARS)

Name:-.....S/o or D/o.....

Class & Section.....Account No./S.R. No.....

School.....OPD No.....

1. (Significant history of Past illness & illness in family (if any)
2. History of Vaccine
3. History Drugs Allergy/Food Allergy if any

Examinations:

General Examinations

Pulse Rate.....B.P.....Height.....

Weight.....R/R.....Temperature.....

Blood Group

Systematic Examination

CVS.....Respiratory System.....CNS.....

P/Abdomen

ENT Examination

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Eye Examination

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Skin Examination

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Dental Examination

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Pathological Examination

HB%.....**Blood Group**.....

History of Vaccine

BCG..... **Diphtheria**.....

Pertussis.....**Tetanus**.....

Oral Polio.....**Measles**.....

Hepatitis.....**Smallpox**.....

Typhoid.....**Cholera**.....

Opinion.....
.....

In my opinion child is fit /unfit for School Admission.

Parent's Signature

Date:-.....

MEDICAL OFFICER

(To be signed by at least an MBBS Doctor)

(Seal)