

La Martiniere Schools, Kolkata
MEDICAL CERTIFICATE
(TO BE FILLED BY A QUALIFIED MEDICAL PRACTITIONER)

1. Name _____ 2. Class _____
3. Date of Birth _____ 4. Weight _____
5. Height _____ 6. When was last inoculated for TABC? _____
BCG? _____
7. When was last inoculated for Triple ANTIGEN? _____
TETANUS? _____
8. When was last VACCINATED? _____
9. Is vision normal? _____
10. Is free from infectious diseases? _____
11. Is the condition of heart normal? _____
12. What is the general condition of health? _____
13. Has the child any major illness e.g. epilepsy? _____
14. Has any physical deformity? _____
15. What illness/es has the child in the last one year? _____
16. Is the child under treatment for asthma or respiration disorders? _____
17. Is the child under any medication for heart condition / epilepsy / asthma? _____
18. Any other remarks _____
19. Blood Group _____

Signature of Parent / Guardian

Signature of Medical Practitioner

with Registration No. _____

Name _____

Name of Medical Practitioner _____

Address _____

Address _____

Phone No. _____

Phone No. _____

Mobile _____

Mobile _____

E-Mail _____

E-Mail _____

Date _____

Date _____