MOTHER AND CHILD WELFARE AND RESEARCH FOUNDATION INDIA



(To be completed and submitted with the application for admission)	
Name of Child Leave a space between first name, middle na	ame and last name)
Level for which admission is sought: Date of Birth	Gender:
Height (cms):	Weight (Kgs):
Blood Group:	BP:
 Did your child have any of the given? Please tick th □ Chicken Pox □ Measles □ Mumps □ Dipht □ Polio □ Any other: 	
 Has he suffered from any of the following? Please ti ☐ Tuberculosis ☐ Typhoid Fever ☐ Dysentery ☐ Jaundice ☐ Rheumatic Fever ☐ Mononucle Does he suffer from any ENT problems? Give details: 	☐ Malaria ☐ Dengue Fever eosis ☐ Any other Disease:
4. Does he suffer from any chest or respiratory problems?	s? Give details:
5. Does/Did he suffer from any GI or GU conditions i.e.	. kidney infection, abdominal pain, etc.:
6. Does he suffer from any skin infections? Give details:	
7. Does/Did he suffer from any neurological problems? (Give details:
<u> </u>	



8. Does he suffer from any other disorder? Give details:	H H
9. Does he suffer from anything not mentioned above?:	
IMMUNIZATION RECORD (Kindly tick the relevant BCG POLIO DPT MEASLES M TABC TYPHOID HEPATITIS 'A' HE OTHERS The above stated information is true and correct.	MMR ☐ TETANUS ☐ TOXOID
Name of Parent/Guardian:	Signature
Contact Numbers:	Date:
This is to certify that I have conducted a thorough medical	examination of
suffer from any infectious disease. He is not permitted physical education activities. Remarks/Restrictions:	l/permitted to participate in games and
Stamp of Medical Practitioner Name of Medical Practitioner: Address:	
City: PIN	
Contact Numbers:	Email ID: