



Academic Year 20____ - 20____

H

SCHOOL HEALTH CARD

(Kindly print this format in a single sheet of paper)

Name: _____

Class: _____ Sec: _____

Age: _____

Gender: _____

Blood Group: _____

Allergy (If any): _____

Past / Family History: _____

GENERAL

Hair: _____

Skin: _____

Anaemia (mild, moderate, severe or absent): _____

Ear: _____

Nose: _____

SYSTEMATIC EXAMINATION

Respiratory System: _____

Cardio – Vascular System: _____

Abdomen: _____

Nervous System: _____

Eyes: _____

Right : _____

Left : _____

Fill in one of the following:

- Fit to participate in age specific physical activity :

- Fit to participate in age specific physical activity with precaution :

- Should not participate in competitive sport :

Date of Examination: _____

Signature of Medical Officer

Name and Seal of Medical Officer

DENTAL EXAMINATION

1. Extra-oral : _____

2. Intra-oral : _____

a) Tooth cavity _____

b) Plaque _____

c) Gum Inflammation _____

d) Stains _____

e) Tartar _____

f) Bad Breath _____

g) Gum Bleeding _____

h) Soft Tissue _____

Date of Examination: _____

Signature of Dentist

Name and Seal of Dentist

ENT EXAMINATION

Date of Examination: _____

Signature of Doctor

Name and Seal of Doctor