



# SHRI RAM GLOBAL SCHOOL

Application Form No. ....

Plot/Site No.-6, Sector -9A, Gurgaon - 122001  
Tel: +91-124-4921923 | Mob: 9910476522  
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## MEDICAL FORM

**Before registering for classes, Shri Ram Global Pre-School requires that all students**

- a) are appropriately immunised
- b) receive a physical examination from a doctor
- c) complete this report and submit it to the front office.

### Student Information

Name of child (in block letters) : \_\_\_\_\_ Blood Group \_\_\_\_\_  
Class \_\_\_\_\_ Parent's Full  
Name \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

### Person to Notify In Case of an Emergency

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
(Office) (Residence)

### Medical History

1. HISTORY OF ANY SIGNIFICANT PAST ILLNESS:

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2. HISTORY OF ANY DRUG ALLERGIES:

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3. ANY OTHER RELEVANT MEDICAL INFORMATION YOU WOULD LIKE TO SHARE WITH US:

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**Immunisation Record (to be completed by your doctor)**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_

**VACCINE**                      *Dates when given*

BCG                                      .....

DPT                                      .....

POLIO                                      .....

MEASLES                                      .....

MMR                                      .....

MENINGITIS                                      .....

HEPATITIS B                                      .....

TYPHOID                                      .....

HEPATITIS A                                      .....

CHICKEN POX                                      .....

VARICELLA (HIB)                                      .....

I Certify that the above particulars are correct to the best of my knowledge.

Signature of Doctor (Pediatrician) with seal: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Reg. No. \_\_\_\_\_ Date: \_\_\_\_\_

I / We hereby authorise the school medical staff to use any medicament / procedure in event of any untoward injury / illness to my/ our child. I / We understand that I / we will be informed of any major problem (if any) as soon as possible by the school authorities.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date