DOCTOR'S CERTIFICATE

(Use block letters only)

Please have this form filled by your Paediatrician/General Physician and submit it to the school office along with the admission form.

This is to certify that I have examined the following student and his/her health details are mentioned below:

First Name:	Middle Name:	Last Name:
Date of Birth: DD / MM / YYYY	Class:	Age:
Gender: Male ☐ Female ☐		Blood Group:

Ophthalmic Problems:

Dental Check-up Report:

Orthopaedic Problems:

Respiratory Problems:

Skin Problems:

Allergies:

Epilepsy:

Metabolism (obesity etc):

Heart Problems:

Any Other Problem:

Doctor's Name:

Address:

Phone: Mobile:

Registration No:

Place:

Date:

Doctor's Signature with Stamp