



# ST. LAWRENCE INTERNATIONAL SCHOOL

(Managed By: St. Lawrence Educational & Charitable Trust D-69 Thane)

Affiliated to the Central Board of Secondary Education (C.B.S.E.) - Code 1130725

Adharwadi - Umbarda Road, Umbarda Village, Kalyan (W) 421301, Maharashtra

UDISE: 27210600112

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## MEDICAL CHECK UP RECORD

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

General Build Constitution:       Very Good       Good       Poor

Sight with glasses      RE: \_\_\_\_\_      LE: \_\_\_\_\_

Sight without glasses      RE: \_\_\_\_\_      LE: \_\_\_\_\_

Hair: \_\_\_\_\_      Ear: \_\_\_\_\_

Nose: \_\_\_\_\_      Throat: \_\_\_\_\_

Teeth: \_\_\_\_\_      Speech: \_\_\_\_\_

Skin: \_\_\_\_\_      Genitals: \_\_\_\_\_

Cardiovascular System: \_\_\_\_\_

Respiratory System: \_\_\_\_\_

Digestive System: \_\_\_\_\_

Pervious illness if any : Small Pox, Measles Diphtheria, Tonsils, Eye disease, Disease of the ear, Rickets or any other: \_\_\_\_\_

Preventive measure taken; attach list of vaccinations taken:       Yes       No

Any other preventive measures: \_\_\_\_\_

Operations done, if any. Please mention when the operation was performed. A copy of the report of the operation if available should be produced:       Yes       No

Any ailment that the pupil usually suffers from: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Sign

\_\_\_\_\_  
Doctor's Signature & Rubber Stamp