

**Part-I**

**MEDICAL HISTORY OF CHILD**

I ..... Father/Mother/Local Guardian  
of ..... Student of Class/Sec  
..... Admission No. .... hereby confirm that my  
child/ward is suffering/not suffering from (attach details if, Yes) :-

- a) Physical deformity
- b) Any congenital/hereditary/medical problem
- c) Allergy to any drug/anything else
- d) Epilepsy/Fits
- e) Bronchial Asthma/Wheezing
- f) Eye related problem. Using specs
- g) Any long term medication past/present
- h) H/O any surgery

Card with child in case of epilepsy/diabetes etc.

Date: \_\_\_\_\_

Signature of Parent/Guardian

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**Part-II**

**MEDICAL FITNESS CERTIFICATE**

(To be signed by the Registered Medical Practitioner)

Certified that Master/Miss ..... is  
medically fit / unfit.

On medication (long term) - Yes/No

Has no allergy

Has not suffered from any Acute/Chronic disease which needs constant  
Medical Supervision (If yes, please specify).

Date: \_\_\_\_\_

Signature of Medical officer  
Name with seal

**Part-III**

**IMMUNIZATION CERTIFICATE**

Certified that Master/Miss ..... has been immunized against: -

- 1.) B.C.G
- 2.) D.P.T
- 3.) Injection against Hepatitis B
  - a) 1<sup>st</sup> dose on date .....
  - b) 2<sup>nd</sup> dose on date .....
  - c) 3<sup>rd</sup> dose on date .....
- 4.) Injection against Hepatitis A .....
- 5.) Blood Group/Hb% .....

**Please provide photocopy of Immunization Card.**

Date: .....

Signature of Medical officer  
Name with Seal

Place: .....

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**Part-IV**

**MEDICAL CERTIFICATE**

(To be signed by Medical officer, AFBBS, Lodi Road, New delhi-03)

Certified that I have examined Master/Miss .....

Class/Sec ..... And he/she is medically fit/unfit for admission in School.

Date: .....

Signature of Medical officer  
Name with Seal

Place: .....

