



SADIQ PUBLIC SCHOOL BAHAWALPUR

Student Medical Information Form

Complete and return this form with your application.

PART I - To be filled in by the parents

ROLL NUMBER: _____ FORM #: _____

Name of Applicant _____ Gender: M / F

Son / Daughter of: _____ Phone : _____

Address _____

Name of a person _____ Phone _____

(who may be contacted in case of emergency)

Admission for Class _____ Date of Birth _____ Blood Group _____

Allergic

Allergies to Drugs () Yes () No; If yes, please list _____

Allergies to Foods () Yes () No; If yes, please list _____

Physical disabilities () Yes () No; If yes, please list _____

Respiratory Problems / Asthma () Yes () No; If yes, please list _____

Vision / Hearing Problems () Yes () No; If yes, please list _____

Dates of Last Immunizations: EPI _____ Hepatitis A _____ Hepatitis B _____ Typhoid _____

Mumps _____ Chicken Pox _____ Flu _____

Is the Applicant Presently Taking Any Medications? () Yes () No; If Yes, Please List _____

Special Medical Conditions / Other Pertinent Information including SURGERIES, HOSPITALIZATIONS, JAUNDICE, BLOOD TRANSFUSION, EPILEPSY, DIABETES MELLITUS, HYPERTENSION, etc (add additional page if necessary) _____

_____ Date

_____ Signature of Father/Guardian

PART II - To be filled in by the School Medical Officer

Physical Examination:

Height _____ (cm) Weight _____ (Kg) Blood Pressure _____ / _____ mm/hg Pulse _____ /min

		Normal	Abnormal
Ear, Nose & Throat			
Thyroid			
Respiratory System			
Cardiovascular System			
Gastrointestinal System			
Nervous System			
Vision	R L		

Laboratory Investigations:

HBsAg : -ve / +ve

HCV: -ve / +ve

X-Ray Chest : Normal / Abnormal

_____ Examination Date

_____ Senior Medical Officer