

MEDICAL FORM



BIHAR PUBLIC SCHOOL

Managed by : Lok Bharti Social Welfare Educational Trust
Affiliated to C.B.S.E., New Delhi, upto 10+2 level

Part-I

MEDICAL HISTORY OF THE CHILD

I Father/Mother/Local Guardian of Student of Class Sec.

hereby confirm that my child/ward is suffering /not suffering from :-

- Allergy to any food/drug
- Fits
- Bronchial Asthma/Bronchospasm
- Any other disease for which the child is on regular medication.(Parents to note that concealing correct history may result in Expulsion from School/Hostel).

Date :

Signature of Parent/Guardian

Part-II

MEDICAL FITNESS CERTIFICATE

(To be signed by the Regd. Medical Practitioner)

Certified that Master/Miss : _____ S/o - D/o _____ is examined by me,
today on/...../.....whose signature is given below

- is medically fit.
- Has no allergy.
- Has not suffered from any Acute/Chronic disease which needs constant Medical Supervision (if yes, please specify)

.....
Full Signature of Student

.....
Signature of Medical Officer
Name with Regn. No. & Seal