



# PRELUDE PUBLIC SCHOOL

Dayal Bagh, Agra-282005 Ph.: 9568003708, 9917644644, 9870695341



## HEALTH CARD

Name .....Std.....Adm.No.....

D.O.B..... Blood Group.....

Father's Name.....Mother's Name.....

Guardian's Name.....Contact No(1).....

Contact No. (2)..... Address.....

Year	2023	2024	2025	2026
Height				
Weight				
Blood Pressure				

Weight Status Put a (✓) Mark	Normal <input type="checkbox"/>	Below Normal <input type="checkbox"/>	Above Normal <input type="checkbox"/>
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Advice by the Doctor .....

### To be filled by the Parents at the time of Admission

a. Is the student suffering from any health problem? If yes, please mention it below.

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b. Please mention if he/she is taking any medicine/s or any treatment .....

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c. Preference of any particular Family Doctor to be contacted in case of emergency.

Doctor's Name ..... Contact No. ....

Address : .....

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Signature of Parent / Guardian

School Stamp

Signature of School Doctor

## YEARLY CHECK-UP REPORTS

ENT Report		Dental Report	
2023		2023	
2024		2024	
2025		2025	
2026		2026	
Ophthalmic Report		Orthopaedic Report	
2023		2023	
2024		2024	
2025		2025	
2026		2026	
Paediatric Report			
2023			
2024			
2025			
2026			