



St. Joseph's School

KHORABAR, GORAKHPUR

MEDICAL FITNESS CERTIFICATE

Affix a
passport size
photograph
of
Child

Photo is to attested by
the examining Doctor

1. Name Of The Pupil :

2. Date of Birth : Gender Male Female Age

3. Last School Attended :

4. Parents Details

Father (Capital Letter)	Mother (Capital Letter)
Name <input type="text"/>	<input type="text"/>
Occupation	Occupation
Dept Post	Dept Post

5. Address :

Permanent	Temporary
House No. : Police Station :	House No. : Police Station :
Ward/Mohalla :	Ward/Mohalla :
District :	District :
Post Office :	Post Office :

Height	Weight
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Chest Inspiration Chest Expiration

Abdomen Oral Hygiene & Teeth

CVS Ear, Nose, Throat

CNS Immunisation status

BCG

Vision Polio

LE RE DPT

If any deformity, its nature & extent :

If any operation, particulars

(date, nature, results, condition of scars)

Other Remarks & Recommendation

Signature, Name and Designation of the Examiner with seal

Signature of parent

Note for the Parents: Parents should specially mention in the above column whether Hearing or Vision is impaired and any other problem which the student is prone to suffer or special attention to be given.