



# La Martiniere College, Lucknow

## MEDICAL FORM FOR RESIDENT/DAY SCHOLARS

*This form must be carefully filled in and submitted at the time of Admission.*

Name of the Pupil : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Blood Group : \_\_\_\_\_

Photograph

VACCINE	GIVEN DATES	REMARKS
Bacillus Calmette Guerin (BCG)		
Polio ]		
Booster Dose ]		
Hepatitis-B ]		
Booster Dose ]		
Diphtheria, Pertussis and Tetanus (DPT) ]		
Booster Dose ]		
Measles		
Measles, Mumps, and Rubella (MMR)		
Typhoid		
Tetanus		
Chicken Pox		
Hepatitis-A ]		
Booster Dose ]		

Medical History- (Infectious diseases, allergies any other serious illness)

Please provide in detail: \_\_\_\_\_

### FITNESS CERTIFICATE

I have personally examined \_\_\_\_\_ son of \_\_\_\_\_.

He has been found fit to attend the school and participate in all games, activities, camps and any other physical activity in the College. He is also free from any infectious/contagious disease/chronic ailment etc.

I confirm that immunisation vaccines have been administered.

\_\_\_\_\_  
Name of the Doctor

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

\_\_\_\_\_  
Signature and Stamp of the Doctor