

HEALTH INFORMATION

Name of the child: _____

To be filled by a Registered Medical Practitioner only

Dear Doctor,

The above mentioned child is seeking admission in our esteemed daycare. It is our daycare's policy to maintain a health record of all students. As part of this policy we need the following to be dully filled. You are requested to provide the same on behalf of the parents. Thank you.

Name of Doctor: _____

Registration No. : _____

Contact clinic number: _____ Mobile number: _____

Clinic Address: _____

Any history of allergy/operation/accident/any other specific problems

Allergic to any medicine: _____

Handicaps (eyes, ears, feet, etc.) _____

Blood Group: _____ Delivery: Natural/Forceps/Delivery/Caesarian

Please confirm if all vaccines administered ☐ Yes ☐ No

Signature and stamp of Doctor: