



# DELHI WORLD PUBLIC SCHOOL Bhatapara

## PROFORMA FOR MEDICAL CERTIFICATE

ADMISSION NO.: .....

Name ..... S/D of .....

Age at the time of Medical Examination ..... Years ..... Months ..... Days

Address .....

Stick  
passport size  
photo here

Weight ..... Height ..... Blood Group .....

Vision

Without Spects : Rt. Eye ..... Lt Eye .....

With Spects : Rt. Eye ..... Lt Eye .....

Code 'N' normal

In case of abnormality, mention 'SPECIFIC ABNORMALITIES'

SKIN

EYES

EARS

MOUTH

PHARYNX

TEETH

LYMPH NODES

RESPIRATORY SYSTEM

CARDIO VASCULAR SYSTEM

ABDOMEN

ALLERGIES IF - ANY, TO MEDICINE OR FOOD

SKELETAL SYSTEM

NEURO DEVELOPMENT

- GROSS MOTOR

- SPEECH

- HEARING

BEHAVIORAL PROBLEMS, IF ANY

ANY OTHER OBSERVATION

DOCTOR'S ADVICE

(Kindly Indicate, if any vaccine needs to be administered)

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**CERTIFICATE**

I hereby certify that.....

S/D of.....has been examined by  
the undersigned and has found him/ her mentally and physical fit to join school.

Date

(Name & Signature)  
Registered Medical Practitioners

Seal & Registration Number:

Note : This form should be kept ready and submitted while completing the admission formalities

Signature of the Father/ Guardian

Signature of the Mother/ Guardian