

MEDICAL HISTORY SHEET OF THE CADETS

This certificate will be filled up and signed by the parent or guardian before the boy/girl is sent to the school. Suppression of important information as to the past or present health would amount to breach of trust.

Name.....Roll No.....Age.....yrs.
Sex..... (Male/female) Date of birth.....

1. **Has he been vaccinated against the following diseases (Indicate Yes/ No)**

- (a) DPT:
- (b) Typhoid:
- (c) Hepatitis:
- (d) Chicken pox:
- (e) Tetanus (TT):

2. **Personal history (Indicate Yes or No and give details if Yes)**

- (a) Has he/she had fits, if Yes, when? _____
- (b) Has he/she had psychological problems/Mental illness? _____
- (c) Has he/she had any vision problems/Night Blindness? _____
- (d) Does the boy/girl wear glasses? If so, details to be given _____
- (e) Has he/she had any hearing problems/discharge from ears? _____
- (f) Are his/her teeth in good order? _____
- (g) Has he/she had any heart problems, if so, specify? _____
- (h) Has he/she had TB/Asthma? _____
- (j) Does he/she has breathlessness on exertion/fainting episodes? _____
- (k) Has he /she had any thyroid problems? _____
- (l) Has he had any surgical procedure? Give particulars _____
- (m) Any history of head injury in the past? _____
- (n) Any history of sibling death in family? _____
- (p) Is he Diabetic? _____
- (q) Does he have hypertension? _____
- (r) Is he on medications? Give particulars _____
- (s) Is there any other information you think that the Medical Officer should know? _____
- (t) Is he in your opinion fit in all aspects for residential School Life? _____

3. **COVID 19**

- (a) Has he/she had COVID-19, if Yes, when? _____
- (b) Has he/she has history of contact with COVID-19 case recently, if Yes, when? (Specify date)_____
- (c) Any history of COVID-19 in the family members?
- (d) History of travel from COVID-19 containment zone?
- (e) Does your child presently have fever/cough/sore throat/breathlessness?

Date

Signature of parent/Guardian

