MEDICAL CARD OF THE CHILD

[To be filled by parents/guardian in capital]

1. Name ……
2. Age in Years ……
3. Height……
4. Weight ……
5. Eyesight / vision ……
6. Specific diseases suffered in the past ……
7. Operation undergone in the past, if any specify ……
8. Allergies, if any ……
9. immunizations :-
   a) Polio yes / no
   b) DTP yes / no
   c) Measles yes / no
   d) DT yes / no
   e) Tetanus ……..
      (With date of last injections)
   f) Typhoid and cholera ……
      (With date of last injections)
   g) Any other …….

10. Any other disease for which the child is on regular medication.

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Parent's Signature