

PROVISIONAL MEDICAL CERTIFICATE

G. D. GOENKA WORLD SCHOOL

This is to certify that I have conducted a thorough medical examination of and find that he/ she is in a fit state of physical & mental health to join a residential school and does not suffer from any infectious/contagious disease. He/ she (tick one) is is not permitted to participate in games and physical education activities.

Remarks/ Restrictions

Date Regn. No. Signature & Stamp of Medical Practitioner

Name of Medical Practitioner

Address City Pin Code Country

Emergency Contact No. Office Residence Mobile

LEGAL CONSENT STATEMENT - MUST BE SIGNED

I/ We _____ authorise G D Goenka World School to arrange for the necessary medical tests, treatment, or emergency procedure such as surgery, diagnostic tests, the administration of any anesthetic (general, spinal or local) and blood transfusion, which may be necessary for my child _____.

This will be based upon the professional judgement of licensed medical and nursing personnel of G D Goenka World School or any other licensed Professional to whom it may be necessary to refer my child.

Signature of Father/ Guardian Signature of Mother

Name in block Letters Name in block Letters

Dated Dated

MEDICLAIM POLICY

Please mention Medclaim Policy details, if any. Please attach a photocopy of the Policy/ documents.

Student's Name Grade

FOR OFFICE USE ONLY

Registration No. Date of receipt of Application

Admission No. Medical ID

Remarks

* Subject to Delhi jurisdiction (India)

G D Goenka
WORLD SCHOOL

Medical History Form

G D Goenka Education City. Gurgaon Sohna Road. Sohna 122103. (HR). India
EPABX.M: +91-9871600045-48, 51-54 Email: admissions@gdgoenka.com

www.goenkaglobal.com

MEDICAL HISTORY FORM

G. D. GOENKA WORLD SCHOOL

Name Age Sex: Female Male

Height cms Weight kgs Temp Pulse B.P

Blood Group & RH Blood & WBC: Hb grams %

STUDENT'S HEALTH HISTORY

Has your child suffered from any of the following diseases in the past? If yes, please provide details.

	No/Yes:Year	Details
Chicken Pox		
Measles		
Mumps		
Tuberculosis		
Hepatitis A		
Hepatitis B		
Typhoid		
Convulsions		
Meningitis		
Asthma		
Recurrent Tonsillitis/ Sinusitis		
Headaches		
Kidney Problems		
Heart Problems		
Skin Problems/ Allergy		
Hearing Problems / Hearing Aids		
Orthopedic Problems/ Joint pains		
Congenital Problems		
Glasses / Contact lenses		
Diabetes		
Others		

ALLERGIES

DRUGS - Yes/ No. If "yes" please state which drug and treatment that has been or is being given

FOOD - Yes/ No. If "yes" please state which food and treatment that has been or is being given

ASTHMA - Yes/ No. If "yes" please state which drug and treatment that has been or is being given

OTHER - Yes/ No. If "yes" please state which article/substance and treatment that has been or is being given

* Please attach Physician's prescription and advice.

IMMUNISATION RECORD

[USE ONLY BLOCK LETTERS]

G. D. GOENKA WORLD SCHOOL

	Primary (DD, MM, YY)	Booster (DD, MM, YY)
BCG		
POLIO		
DPT		
MEASLES		
MMR		
TETANUS TOXOID		
CHICKEN POX		
TYPHOID		
HEPATITIS 'A'		
HEPATITIS 'B'		
MENINGITIS		
H/O DOG BITE		
OTHERS		

INJURY/ OPERATION

Injury: Nature Date

Operation(s): Nature Date

KNOWN MEDICAL ILLNESS/ CONDITIONS

Does your child suffer from any medical illness/ conditions for which he/she takes medication to control symptoms?

Does the child have a problem with bed wetting? Yes/No. If "yes", give details

Does the child have ongoing Dental treatment now? If "yes" give details.

Had the student ever used services of a Psychologist, therapist or Psychiatrist? Yes/No. If "yes", give details.

* Please attach Physician's prescription and advice.

Signature of Parent