



Health and Activity Record

GENERAL INFORMATION

Aadhar Card No. of Student (optional): _____

Name: _____

Admission No.: _____ Date of Birth: _____ M/F/T: _____ Blood Group: _____

Mother's Name: _____

YOB: _____ Weight: _____ Height: _____ Blood Group: _____

Aadhar No.(optional): _____

Father's Name: _____

YOB: _____ Weight: _____ Height: _____ Blood Group: _____

Aadhar No.(optional): _____

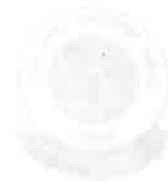
Family Monthly Income: _____

Address: _____

Phone No.: _____ (M): _____

CWSN, Specify: _____

Signature of Parents/Guardian: _____ Date: _____



HEALTH AND MEDICAL RECORD

Components	Parameters	Readings
Vision	RE/ LE	
Ears	Left/ Right	
Teeth Occlusion	Caries/ Tonsils/ Gums	
General Body Measurements	Height	
	Weight	
Circumferences	Hip	
	Waist	
Health Status	Pulse	
	Blood Pressure	

Sign with Stamp of Medical Practitioner
