

SCHOOL HEALTH CARD

Name : _____ Class : _____

Age : _____ Sex : _____

Address : _____

Phone No : _____

Blood Group : _____

The Major Parameters On Which The Annual Medical Checkups Done Are :

Dental : _____

Eyes : _____

General Cleanlines: _____

Systemic Examination: _____

Allergy (if any) _____

Date of Examination _____

Past/Family History : _____

GENERAL

Height : _____ Weight : _____

Nails : _____

Hair : _____

Skin : _____

Anemia : (Mild, Moderate, Severe or Absent) _____

Ear : _____

Nose : _____

Throat : _____

Neck : _____

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i. Extra-oral : _____

ii. Intra-oral

a) Tooth Cavity _____ b) Plaque _____

c) Gum inflammation _____ d) Stains _____

e) Tarter _____ f) Bad Breath _____

g) Gum Bleeding _____ h) Soft Tissue _____

GENERAL

Respiratory System : _____

Cardio vascular System : _____

Abdomen : _____

Nervous System : _____

Eyes : _____

Right : _____ Left : _____

Important findings : _____

Remark : _____

Medical Officers Name and Signature : _____

Follow up : _____

Signature : _____ Date : _____

Designation : _____ Place : _____

Name: _____