

St. Joan's School Newtown
(Class Infant – Class IV)

MEDICAL CERTIFICATE
(To be completed by qualified doctor)

Affix recent passport
size photo of the
student

STUDENT DETAILS		
1	Given Name	
2	Family Name	
3	Gender (M/F)	
4	Date of Birth (DD/MM/YYYY)	
5	School and Class in which the student is at present	
6	Class to which admission is desired	
MEDICAL		
7	Blood Group	
8	Weight (in kgs)	
9	Height (in cm)	
10	When was he/she last inoculated for Triple ANTIGEN?	
11	When was he/she last inoculated for Triple TETANUS?	
12	When was he/she last VACCINATED?	
13	Is his/her vision normal? (If not provide medical reports)	
14	Is he/she free from Infectious Diseases? (If not provide additional information & medical reports)	
15	Is the condition of his/her heart normal? (If not provide additional information & medical reports)	
16	Does the student suffer from any major illness or known medical condition – example – Epilepsy/ Allergies etc? (If yes please provide details)	
17	Does the student have any physical deformity? (If yes please provide details and medical reports)	

18	What illness/es has the student had in the last one year?
19	What is the general condition of his/her health?
20	Any other comments?

MEDICAL PRACTITIONER'S DETAILS	
Name	
Registration Number	
Address	
Phone Number	
Signature, Stamp & Date	

PARENTS DETAILS			
Mother's Name			
Father's Name			
Address			
Phone Number			
Email Address			
Mother's Signature & Date		Father's Signature & Date	