

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

**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?

<b>MEDICAL PRACTITIONER'S DETAILS</b>	
Name	
Registration Number	
Address	
Phone Number	
Signature, Stamp & Date	

<b>PARENTS DETAILS</b>			
Mother's Name			
Father's Name			
Address			
Phone Number			
Email Address			
Mother's Signature & Date		Father's Signature & Date	