



# PRESIDENCY SCHOOL

Avalahalli, Off Doddaballapur Road, Yelahanka, Bangalore 560 054.  
W - www.presidencyschoolnorth.org | E - admissions-psbn@presidency.edu.in

## Health History Form

Name of Student				Class	
Blood Group		Weight	Kgs.	Height	Cms.
Emergency Phone Number (TO REACH PARENTS)	TEL 1	TEL 2	MOBILE		
Physician to be called in an emergency	NAME			PHONE/MOBILE	
	ADDRESS				
Neighbour/Friend/relative to be called in an emergency	NAME			PHONE/MOBILE	
	ADDRESS				

Has your child ever had any of the following illness ? If so, when ?

Name	Yes/No	Date	Name	Yes/No	Date
Chickenpox			Epilepsy		
Measles			Tuberculosis		
German Measles			Whooping Cough		
Mumps			Ear Condition		
Diphtheria			Operation (Name)		
Rheumatic fever			Asthma		
Heart Disease			Allergies		
Poliomyelitis			Serious injury (Name)		
Diabetes Mellitus			Others		

Has your child had any of the following protective measures ? If so, when ?

Name	Yes/No	Date	Name	Yes/No	Date
BCG Vaccination			Tetanus		
Polio			Hepatitis A&B		
MMR			Whooping Cough		
Mumps			Others		

### Date of last physical Check up

If there is any thing concerning the health of your child, which the school should know, please attach an additional sheet with this form. (Include such things as eyesight, allergies and any specific disability).

Date

Signature. of Parent/Guardian