

# Anil Jindal World School

Near MIDC, Nidhona Road, Jalna

## Medical Fitness Certificate

Name:		Sex:		Age:		Blood Group:	
Father's name:		Mother's name:					
Address:							

**Whether Immunisation has been done as per the age? If not give details.**

--

Allergy & its manifestations:	
Any physical or mental disability:	
Any other issue the school should be aware of:	

Height	Weight	BP	Pulse	Anaemia	Oedema	Vit deficiency

**Physical Examination:**Head/Neck, Abdomen, Surgery, Serious Illness, Skin & Nails

--

**Systemic Examination:** Skeletal, Respiratory, Circulatory, Nervous, Digestive, Excretory, and Reproductive

--

Dental	
ENT	
Eye	

**Summary of present health condition:**

--

Whether fit to participate in age specific physical activity: \_\_\_\_\_

Any activity that child is advised against participation: \_\_\_\_\_

Date:

Signature Physician/Paediatrician  
Seal