

**The Lawrence School
Sanawar
MEDICAL PROFORMA
(FOR NEW ADMISSIONS ONLY)**

All new admissions to hand over the performa to the RMO on the day of admission.
It is in the interest of the child and the School that a true and detailed picture is given of the child's health.

Part-I to be completed by the Parent / Guardian.

P A R T – I

Name.....AgeDefense Personal / Civil.....
House.....BD/GD/PD-G/B. Blood Group.....Comp. No.....
Any Known Allergies.....

1. Known case of / diagnosed as -{ if required kindly tick mark or enter any other Diagnosis in No .viii}
(i) Asthma (ii) Bronchitis (iii) Tonsillitis (iv) Sinusitis (v) Urticaria (vi) Anemia (vii) Epilepsy (viii) Syncope,(ix) Migraine (X) Kidney stones (xi) Anemia (xii) Chr. Orthopedic conditions,(xiii) History of any surgery (xiv) Skin related conditions (xv) Thyroid disorder (xvi) Any other...

The above part information, if relevant, to be documented [including the prescribed mediation] by the concerned specialist in Part - II / Part – III

2. A through dental check - up / treatment must be completed during the vacation. However the School has a fully functional Dental OPD with state of the art equipment capable of handling all dental procedures, by specialists in the field of Paedodontics , Orthodontics, Endodontics and Prosthodontics.

3. Only one Orthodontic visit per term is permitted for children who have got their orthodontic treatment from elsewhere. This information about Orthodontic visit must be given in the beginning of each term, duly signed by the Orthodontist.

Orthodontic follow-up required: YES / NO

Name and contact number of Orthodontist:

4. In case your child uses glasses / contact lenses it is imperative that she / he brings 3 pair of glasses to School along with the prescription. Two of these are to be duly deposited with the Matron.

5. Has your child had any of the following childhood infections?

Mumps - Yes / No, Measles - Yes / No, German measles -Yes / No, Chicken Pox – Yes / No

6. Any family history of Allergic Disorder, Depression, Tuberculosis, Epilepsy, Diabetes and Hypertension

7. Any family matters or domestic circumstances that you feel we should know about, to give your ward the support or care he/she may need at School.

8. In the recent past did your child suffer from any illness/ undergo any surgery/ sustain any injury/ fracture

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9. All students must have the normal set of vaccinations against Tetanus, Diptheria, Pertusis, Typhoid, Chicken Pox, Hepatitis A, Hepatitis B, MMR, Seasonal Flu. **Kindly get your ward vaccinated before admission as these are mandatory and provide details along with prescription and batch number. The School will administer the vaccinations at School in case these are not taken at home. Non Vaccinated students pose a health risk to others, hence parents may not exempt their wards from the School Vaccination Program**

Vaccination administered dates :

MMR I.....MMRII.....

Chickenpox I: -Chickenpox II.....

Hepatitis 'A'I : -Hepatitis A II.....

Hepatitis 'B'I: - Hepatitis 'B'II..... Hepatitis 'B'III.....

Typhoid: -

Td / Tdap at 10 Year -..... Td/ Tdap -.Booster at 16 year-.....

Meningitis;

Influenza (SH/NH)

HPV(Optional) I: HPV II:HPV III.....

10. Fitness

The child is fit for extra curricular activities mentioned below [**tick mark the activity for which the child is not fit, to be supported by the concerned specialist in part-II/ Part III**]

PT / Games / Swimming / Hikes / Camps / Treks/ Athletics / Long Distance Runs / Boxing / Gymnastics/ Any others.

P A R T - I I

TO be filled by the Family Physician or General Practitioner or Medical Specialist

General Examination:

Heightcm. Weight.....:kg .

Identification marks:

Respiration Rate/min.

Pulse / min..... Blood Pressuremm Hg, **Anemia / Pallor**, **Icterus**.....

Systemic Examination:

Respiratory system:,

Cardio Vascular system:.....

Central Nervous system:.....

Abdomen.....

Skin.....

For Girls- Menstrual history

Pathological Examination:

Hb :.....TLCDLC :.....ESR :.....

Blood Sugar [R]:.....S.Bilirubbin, Blood group :.....

Vitamin D Level.....

Urine RE:.....

Stool RE.....

X-Ray Chest:.....

Signature Registration No. Official stamp of Examining Doctor

To be filled and completed by the concerned specialist.

Ophthalmologist:

Date of last Eye Test :

	Distant Vision		Near Vision	
	Left	Right	Left	Right
With Glasses				
Without Glasses				
Color Vision				
Any H/O eye surgery				

Complete ENT Examination with Pure Tone Audiometry test report

Wax.....Tympanic membrane.....

Nose & PNS..... Adenoids.....Throat and Larynx.....

Any other findings.....

Signature Registration No. Official stamp of Examining Doctor

Any other Specialist Opinion

Signature, Regd. No. Stamp

Date

P A R T - I I I

REMARKS OF SCHOOL MEDICAL OFFICER:

Medical Category:

Signature of RMO:

Signature of Parent/ Guardian

Date:

Date: