GD GOENKA

GLOBAL SCHOOL

Extension of GDGWS Primary Section

DLF 3, GURUGRAM

www.goenkaglobal.com

Name of the Student _____

Class _____

MEDICAL HISTORY FORM

MEDICAL HISTORY FORM

GD GOENKA
GLOBAL SCHOOL
Extension of GDGWS Primary Section

Name _____ Age _____

Sex: Female ☐ Male ☐ Height _____ cms Weight _____ kgs Blood Group & RH _____

STUDENT'S HEALTH HISTORY

Has your child suffered from any of the following diseases in the past? If yes, please provide details.

	No/Yes:Year	Details
Chicken Pox		
Measles		
Mumps		
Tuberculosis		
Hepatitis A		
Hepatitis B		
Typhoid		
Convulsions		
Meningitis		
Asthma		
Recurrent Tonsillitis/ Sinusitis		
Headaches		
Kidney Problems		
Heart Problems		
Skin Problems/ Allergy		
Hearing Problems / Hearing Aids		
Orthopedic Problems/ Joint pains		
Congenital Problems		
Glasses / Contact lenses		
Diabetes		
Others		

IMMUNISATION RECORD [USE ONLY BLOCK LETTERS]

GD GOENKA
GLOBAL SCHOOL
Extension of GDGWS Primary Section

	Primary (DD, MM, YY)	*Booster (DD, MM, YY)*
BCG		
POLIO		
DPT		
MEASLES		
MMR		
TETANUS TOXOID		
CHICKEN POX		
TYPHOID		
HEPATITIS 'A'		
HEPATITIS 'B'		
MENINGITIS		
H/O DOG BITE		
OTHERS		

INJURY/ OPERATION

Injury: Nature _____ Date _____

Operation(s): Nature _____ Date _____

KNOWN MEDICAL ILLNESS/ CONDITIONS

Does your child suffer from any medical illness/ conditions for which he/she takes medication to control symptoms?

_____

_____

_____

Does the child have ongoing Dental treatment now? If "yes" give details.

_____

Had the student ever used services of a Psychologist, therapist or Psychiatrist? Yes/No. If "yes", give details.

_____

* Please attach Physician's prescription and advice.

Signature of Parent _____

GD GOENKA
GLOBAL SCHOOL
Extension of GDGWS Primary Section

ALLERGIES

Medication - Yes/ No. If "yes" please state which medication and treatment that has been or is being given

FOOD - Yes/ No. If "yes" please state which food and treatment that has been or is being given

ASTHMA - Yes/ No. If "yes" please state which medication and treatment that has been or is being given

OTHER - Yes/ No. If "yes" please state which article/substance and treatment that has been or is being given

* Please attach Physician's prescription and advice.

LEGAL CONSENT STATEMENT - MUST BE SIGNED

We .....authorise GDGGS to arrange for necessary medical treatment in case of any emergency which is necessary for my child.
This will be based on professional judgement of licensed medical practitioner to whom it may be necessary to refer my child in case of any life threatening situation.

Signature of Father / Guardian

Signature of Mother

Name in block Letters

Name in block Letters

Dated

Dated

FOR OFFICE USE ONLY

Registration No.

Date of receipt of Application

Registration

Medical ID

Remarks

* Subject to Delhi jurisdiction (India)