

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

All new admissions to hand over the proforma 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.....AgeDefence Personal / Civil

House.....BD/GD/PD-G/B. Blood Group.....

Computer 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 medication] by the concerned specialist in Part - II / Part – III

2. A thorough dental check - up / treatment must be completed. However, for any acute dental problem, students are referred to a local Dentist at Dharampur/Solan.

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 / lenses 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.....

9. Any history of emotional/ psychiatric ailments in past. Is Child on any psychiatric medication?

10. All students must have the normal set of vaccinations against Tetanus, Diptheria, Pertusis, Typhoid, Chicken Pox, Meningitis, 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. 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..... MMR II

Chickenpox I: -..... Chickenpox II

Hepatitis 'A'I: -Hepatitis A II

Hepatitis 'B'I: -Hepatitis 'B'IIHepatitis '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

Covid 19 Vaccine (As applicable)

Name Of VaccineDate of first doseDate of second dose.....

11. 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:

Height.....cm. 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:_____TLC DLC :_____ESR :.....

Blood Sugar [R]:_____S.Bilirubin....., Blood group :.....

Vitamin D Level.....Urine RE

Stool RE X - R a y c h e s t

Signature, Registration No. and Official stamp of Examining Doctor

To be filled and completed by the 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:

Date:

Signature of Parent/ Guardian

Date: