

Delhi Public School, Jammu
Circular

Dated:15.05.2017

Dear Parents (Pre-Nur- II),

Kindly fill in the given information for your ward's School Health check up record and deposit the same with the respective class teacher by Monday i.e 22nd May, 2017 positively.

1. Name _____ Class/ Sec _____ Blood group _____
2. Whether allergic to any drug Yes/No If yes, name of the drug _____
3. Any serious past illness Yes / No If /yes, please specify _____
4. Family History e.g Diabetes , Hypertension etc. _____
5. Surgery, If any done in the past _____
6. Regular intake of any medication Yes/ No. If yes, name of the medicines _____
7. Dietary Habit (Please Tick) Vegetarian/ Lacto- Vegetarian / Ova Vegetarian/ Lacto Ova Vegetarian
8. Main ingredient used at home for cooking - Desi Ghee/ Vanspatti Oil/ Ghee / Olive/ Mustard Oil / Any Other
9. Vaccination (See over leaf)

Parent's Signature _____

Date _____

Parent's Name _____

Principal

Vaccination Chart

1	Age	At Birth	I Dose	II Dose	Booster dose
	Vaccine	BCG + Oral Polio + HBV			
2	Age	6 wks			
	Vaccine	HBV			
3	Age	6wks,10wks, 14 wks.			
	Vaccine	DPT,Oral Polio, Hib (Dpt total 3 doses)			
4	Age	At 18 wks			
	Vaccine	Oral Polio (total 5 doses)			
5	Age	6 mths - 8 mths			
	Vaccine	HBV measles			
6	Age	15 mths			
	Vaccine	MMR			
7	Age	1.5 yr			
	Vaccine	Dpt oral polio + Hib (Booster Dose)			
8	Age	2 yrs			
	Vaccine	Typhoid Vi			
9	Age	3 to 5 yrs			
	Vaccine	Dpt oral polio (Booster)			
10	Age	10 yrs			
	Vaccine	T.T or DT			
		only for girls HPV (Cervix CA)			