



JAYLIS SCHOOL MEDICAL EXAMINATION FORM



PERSONAL AND CONTACT INFORMATION

Name of pupil		Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Date of birth	D/M/Y	Class		
Guardian name			Phone no.	
Address				

Medical Area	Yes	No
DPT		
Polio		
Measles		
Rotavirus		
Pneumococcal		
Vitamin A		
Yellow fever		

**DPT (Diphtheria, Pertussis and Tetanus)*

Height(cm):	
Weight (kg):	
Blood group:	
Sickle cell status:	
G6PD:	

Eyes Examination:

Dental Examination:

Ear, Nose, Throat (ENT) Examination:

Nutritional status:

General Examination

Physician comments (if any)

Signature/Stamp:

Date: