



SAINIK INTERNATIONAL SCHOOL

School Address : Mahulpal, Talcher Town Dist - Angul
Pin- 759100

PROFORMA FOR MEDICAL CERTIFICATE

Name..... S/D/o.....

Age at the time of medical Examination: years months

Address:
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Weight: Height: Blood Group:

Vision:

Without Specs: Rt. Eye: Lt. Eye:

With Specs: Rt. Eye: Lt. Eye:

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Code 'N' for normal

In case of abnormality, mention 'SPECIFIC ABNORMALITIES'

SKIN :

EYES :

EARS :

MOUTH :

PHARYNX :

TEETH :

LYMPH NODES :

RESPIRATORY SYSTEM :

CARDIO VASCULAR SYSTEM:

ABDOMEN :

SKELETAL SYSTEM :

NEURO DEVELOPMENT

- Gross Motor :

- Speech :

- Hearing :

Behavioral problems, if any:

Any other observation:

DOCTOR'S ADVICE :

(Kindly indicate, if any vaccine needs to be administered)

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CERTIFICATE

I hereby certify that

S/D/o has been examined by the

undersigned and has found him/her mentally and physically fit to join the school.

Date:

(Name & Signature)

Seal & Registration Number:

Note: This form should be kept ready and submitted while completing admission formalities.