

MIRACLES HOME AND RESEARCH TRUST



(To be completed and submitted with the application for admission)

Name of Child

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Leave a space between first name, middle name and last name)

Level for which admission is sought: _____

Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--

 Gender: _____

Height (cms): _____ Weight (Kgs): _____

Blood Group: _____ BP: _____

1. Did your child have any of the given? Please tick the relevant boxes:
 Chicken Pox Measles Mumps Diphtheria Whooping cough
 Polio Any other: _____

2. Has he suffered from any of the following? Please tick the relevant boxes:
 Tuberculosis Typhoid Fever Dysentery Malaria Dengue Fever
 Jaundice Rheumatic Fever Mononucleosis Any other Disease: _____

3. Does he suffer from any ENT problems? Give details: _____

4. Does he suffer from any chest or respiratory problems? Give details: _____

5. Does/Did he suffer from any GI or GU conditions i.e. kidney infection, abdominal pain, etc.:

6. Does he suffer from any skin infections? Give details: _____

7. Does/Did he suffer from any neurological problems? Give details: _____





8. Does he suffer from any eye disorder? Give details: _____

9. Has he undergone any kind of surgery? Give details: _____

IMMUNIZATION RECORD (Kindly tick the relevant boxes):

- BCG POLIO DPT MEASLES MMR TETANUS TOXOID
 TABC TYPHOID HEPATITIS 'A' HEPATITIS 'B'
 OTHERS

The above stated information is true and correct.

Name of Parent/Guardian: _____ Signature _____

Contact Numbers: _____ Date: _____

This is to certify that I have conducted a thorough medical examination of

_____ and verify that he is in a fit state of physical and mental health to join a boarding school and does not suffer from any infectious disease. He is not permitted/permited to participate in games and physical education activities.

Remarks/Restrictions:

Stamp of Medical Practitioner

Signature of Medical Practitioner

Name of Medical Practitioner: _____ Regd. No.: _____

Address: _____

City: _____ PIN

--	--	--	--	--

 State: _____

Contact Numbers: _____ Email ID: _____

