

# Dr. M.K.K. Arya Model School, Model Town, Panipat

## School Health Card

Name: \_\_\_\_\_ Class \_\_\_\_\_ Section \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Blood Group: \_\_\_\_\_

Name of the class teacher \_\_\_\_\_ Signature: \_\_\_\_\_

### **The Major Parameters On Which The Annual Medical Checkups Done Are:**

General Cleanliness: \_\_\_\_\_

Allergy (if any): \_\_\_\_\_

Past/ Family History: \_\_\_\_\_

#### **GENERAL:**

Height: \_\_\_\_\_ Weight \_\_\_\_\_

Nails: \_\_\_\_\_ Anaemia: (Mild, Moderate, Severe or Absent) \_\_\_\_\_

Ear: \_\_\_\_\_ Nose: \_\_\_\_\_

Throat: \_\_\_\_\_ Neck: \_\_\_\_\_

#### **DENTAL EXAMINATION:**

a) Tooth cavity \_\_\_\_\_ b) Plaque \_\_\_\_\_

c) Gum inflammation \_\_\_\_\_ d) Stains \_\_\_\_\_

e) Tarter \_\_\_\_\_ f) Bad breath \_\_\_\_\_

g) Gum bleeding \_\_\_\_\_ h) Soft tissue \_\_\_\_\_

#### **SYSTEMIC EXAMINATION**

Respiratory System: \_\_\_\_\_

Cardio Vascular System: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Nervous System: \_\_\_\_\_

Eyes: \_\_\_\_\_

Right: \_\_\_\_\_ Left \_\_\_\_\_

Important findings \_\_\_\_\_

Remarks \_\_\_\_\_

Medical Officer's Name \_\_\_\_\_

Sign. \_\_\_\_\_