

FORM XXVIII
MEDICAL HISTORY SHEET

Name of the child

Adm.No.

Age:

Address of the parent/guardian.: Permanent Present

Date of admission:

Order No. and date of the
Competent Authority who orders the Admission.

Probable date of discharge.

Height & Weight at the time of admission:

Physical structure.

Health status of the child at the time admission.

Present/Absent/Not known

- a) Respiratory disorder
- b) Hearing impairment
- c) Eye diseases
- d) Dental diseases
- e) Cardiac diseases
- f) Skin diseases
- g) Sexually transmitted diseases
- h) Neurological disorders
- i) Mental handicap
- j) Physical handicap
- k) Others (pl. specify)

Medical History of child (in gist)

Medical History of parent/guardian (gist).

PRESENT HEALTH STATUS

	1 st	2 nd	3 rd	4 th
Annual Observation				
	Quarter	Quarter	Quarter	Quarter

1. Date of review
2. Height
3. Weight
4. Nutritious diet given
5. Stress diseases
6. Dental
7. ENT
Tonsils:
8. External eye problems

Vision

Left

Right

General Observation:

Recommendation of Medical Officer:

WEIGHT CHART

	Name:																								
	Admission No:								Height								Admissible Weight								
Date Month & Year																									
65																									
60																									
55																									
50																									
45																									
40																									
35																									
30																									
25																									
20																									
15																									
10																									
5																									

Note: a) Weight and height should be recorded every month.
b) Chest measurement shall be recorded every month.