

DATE OF EXAMINATION :					NEW DELHI			SESSION :	

PERSONAL INFORMATION

NAME :				UNIQUE ID :			
FATHER'S NAME :				DOB :			
CLASS :				AGE : YR.			
GENDER :				BLOOD GROUP :			

PHYSICAL MEASUREMENT

HEIGHT IN (C.M.)		WEIGHT IN (K.G.)		B.M.I		OBESITY LEVEL	

GROWTH ANALYSIS

IDEAL HEIGHT FOR THIS AGE SHOULD BE :				C.M.			
DEVIATION FROM THE IDEAL HEIGHT IS :				C.M.			
DEVIATION UPTO +/-10% IS CONSIDERED AS NORMAL							

EYE SIGHT WITHOUT SPECTS

DISTANT VISION		NEAR VISION		CB/NAD/SQUINT/OTHERS			
RT	LT	RT	LT				

DENTAL CHECK-UP

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PERSONAL HYGIENE & IMMUNISATION

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PRIMARY HEALTH CHECK-UP REPORT

OBSERVATION AND IMPORTANT FINDINGS

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REMARKS / ADVICE / PRESCRIPTION

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REFERRED TO

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HEALTH EXAMINATION DONE BY

1. PHYSICIAN :							
2. DENTIST :							
3. EYE SIGHT CHECK-UP BY :							
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