

|                                  |  |  |  |  |           |  |  |                     |  |
|----------------------------------|--|--|--|--|-----------|--|--|---------------------|--|
| NAVYUG CONVENT SR. SEC. SCHOOL   |  |  |  |  |           |  |  |                     |  |
| DATE OF EXAMINATION :14-Jul-2017 |  |  |  |  | NEW DELHI |  |  | SESSION : 2017-2018 |  |

PERSONAL INFORMATION

|               |             |             |            |
|---------------|-------------|-------------|------------|
| NAME          | : SHREYANSH | UNIQUE ID   | : 0026     |
| FATHER'S NAME | : NIKHIL    | DOB         | : 8-Mar-11 |
| CLASS         | : II-TULIP  | AGE         | : 5 YR.    |
| GENDER        | : M         | BLOOD GROUP | : B+       |

PHYSICAL MEASUREMENT

|                  |                  |       |               |
|------------------|------------------|-------|---------------|
| HEIGHT IN (C.M.) | WEIGHT IN (K.G.) | B.M.I | OBESITY LEVEL |
| 120              | 21.4             | 14.86 | Normal        |

GROWTH ANALYSIS

|   |   |            |
|---|---|------------|
| IDEAL HEIGHT FOR THIS AGE SHOULD BE           | : | 109.9 C.M. |
| DEVIATION FROM THE IDEAL HEIGHT IS            | : | 10.10 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 |                      |
| 6/6            | 6/6 | N6          | N6 |                      |
|                |     |             |    |                      |

DENTAL CHECK-UP

|                               |
|-------------------------------|
| CARIES PRESENT NEED TREATMENT |
|-------------------------------|

PERSONAL HYGIENE & IMMUNISATION

|              |
|--------------|
| HYGIENE GOOD |
|--------------|

PRIMARY HEALTH CHECK-UP REPORT

OBSERVATION AND IMPORTANT FINDINGS

|   |
|---|
| MILD ANEMIC,NEED IRON RICH DIET,CHILD IS NORMAL AND HEALTHY |
|---|

REMARKS / ADVICE / PRESCRIPTION

|                                       |
|---------------------------------------|
| AVOID JUNK FOOD                       |
| EAT GREEN LEAFY VEGETABLES AND FRUITS |
| GO FOR MORNING WALK DAILY             |

REFERRED TO

|              |
|--------------|
| NOT REQUIRED |
|--------------|

HEALTH EXAMINATION DONE BY

|                          |                               |
|--------------------------|-------------------------------|
| 1. PHYSICIAN             | : DR. J.S. YADAV    10592     |
| 2. DENTIST               | : DR. SUMIT PANCHAL    A-9746 |
| 3. EYE SIGHT CHECK-UP BY | : JANTA OPTICALS NAJAFGARH    |

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