

# Student Health Card

Registration No.						
First Name						
Middle Name						
Last Name						
Gender	[ ] Male	[ ] Female	DOB	DD	MM	YY

Photo

Aadhar Card No	Age	Height	Weight	Blood Group

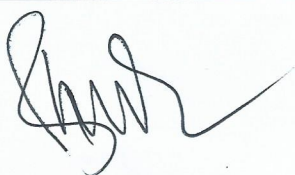
## Guardian Information

Guardian Name	First Name	Middle Name	Last Name
Relation with Student		Contact No	
House No		Road/Street	
Locality		Landmark	
City/Village		Taluka	
District		Pin Code	

## School Information

School Name			
Address			
Health Supervisor	First Name	Last Name	Contact No

Doctor ID		Check Up Date	DD	MM	YY
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# Student Health Card

## Previous & Current Medical Record

Past medical History	
Previous Hospitalization	
Previous Surgeries	
Current Medication	
Allergies (If Any)	
Present History	
Current Prescriptions	
Investigations	

Sr. No	Date of Examinations	Presenting Symptom's	Assessment	Treatment Given	Remarks
1					
2					
3					
4					

