

# HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

\* Does the child have any problem during physical activity .....  
 .....

Signature of Father ..... Signature of Mother .....

**To be certified by a Registered Medical Practitioner**

Date of Physical Examination ..... Height ..... Weight .....

B.P. .... Pulse ..... Vision (L) ..... (R) .....

Squint ..... Conjunctiva ..... Cornea .....

Ear (L) ..... (R) .....

Clinical Examination	Normal	Recommendation
Head / Neck	Normal ✓	
Abdomen		
Surgery		
Serious Illness		
Nails		
Skin		

Summary of Current Health Condition, \_\_\_\_\_

\* Fit to Participate in age specific physical activity \_\_\_\_\_

\* Fit to Participate in age specific physical activity with precaution \_\_\_\_\_

\* Should not participate in competitive sport \_\_\_\_\_

Signature of Doctor .....

Name of the Doctor .....

