adino/16

HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy
			and the
* Does the child			ysical activity
Signature of E	ather	Signatur	e of Mother
To be	certified by a Re	egistered Med	lical Practitioner
Date of Physical	Examination	H	eight Weight
B.P	Pulse	Vision	(L)(R)
Squint	Conjunctiva.		Cornea
Ear (L)	(R)		
			THE YTIMAS
Clinical Examin	ation Norm	al Recom	mendation
Head / Neck	-		
Abdomen			
Surgery			
Serious Illness			
Nails			Salasia II sahala a
Skin			
Summary of Cur	rent Health Con	dition,	
* Fit to Participa	te in age specific	physical acti	vity
* Fit to Participa	te in age specific	physical acti	vity with precaution
* Should not par	ticipate in comp	etitive sport	ro Knee /
			2005/100/200
		Signature o	f Doctor

Name of the Doctor

		1							T	T		-
40		18	4,23	12 A.1	HACKA	30	13.77	A O	20.8	(F)		
Seneral Appearance		310.0 -38.			A MIC		nans	geri	16/3*			割為
Weight Kg. Actual Percentage		1.00	- Levin	W1 105			43.4					
Eye Vision R. E.				1, 100 mg								
L. E.	(131)		2 9.1 1955			100			redi	e374 Lad	57 4 2) (E)	ans
Squint Conjunctiva Cornea	4		525		4-1-1-1				11.820	1 iso	eyet i	io:
Rt. Lt. Ears External Ear Middle Ear	20,000	63			W		A 100					
ORAL CAVITY GUMS Colour Teeth Occlusion Caries Tonsils Lymph Nodes			215				20 16		no		ibes i	Sole Control
Pulse					- J	0	om so	rt 1.5	31	3 36.0	Эо ү	180
B.P.												
Nails			. 21	11 18			ion o	906 9	gi ni	2064	1310	0.0
Skin				1211 30		2)(1)	railio		191 13	0 88	Mil	
Muscle, Skeletal System Knee / ' Flat Feet / Lordosis/ Kyphosis						nati 3	ac h	60 W	132 (S)	7/3		
Systemic Examination		0		10) =		912		. :				

BOTH SIDES OF THIS FORM TO BE SUBMITTED AT THE TIME OF ADMISSION

/F Class			
ther's Name			
lother's Name	VACCINATIONS		
	Age Recommended	Due Date	Date
Immunization	0-1 Month		
BCG	At Birth		
lepatitis B	1 Month		
	6 Months		
	2 Months		1200
DPT	3 Months		
	4 Months		
	2 Months		
НВ	3 Months		
	4 Months	No. 1 Control No. 1	
0 D.F.	At Birth		
Ora Polio	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		-
DPT+OPV+HIB	18 Months	Tana and the same of	
Typhoid	2 Years		-
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year	100000000000000000000000000000000000000	
DT - QPA	4 ¹ / ₂ Year	43	1
	BOOSTER DOS	SES	
Typhoid (every 3 years)		
TT (every 5 years)		7/10/10/10/10/10	
Other Vaccines			