

TYPHOID

MORAVIAN INSTITUTE

Zhan — Phan — Ling , Rajpur, Dehra Dun, 248009, UA

Phone: 0135-2734358, FAX-2734282, e-mail: admissions@moravianinstitute.com

MEDICAL REPORT FORM

Date of Examination	on '
vale vi Laaiiiiiiali	/// ·

All boarders joining the hostel must have a check-up done by a registered MBBS/MD/MS Doctor, not more than 20 days before joining, and submit this report annually when joining, **or** rejoining the Institute.

Name			File No.:			Gender:			
			Class:			Height:			
			Weight :	ı		Temperature			
Date of Birth:			Pulse:			Blood Pressur	e:		
Clinical Examination	Findings and Recommendations								
Teeth & Gums									
Eyes & Vision									
Ears & Hearing									
Throat & Tonsils									
Chest & Lungs									
Heart									
Breasts (Female)									
Abdomen / Hernia									
Genito-Rectal (Male)									
Pelvo-Rectal (Female)									
Back & Neck, Posture									
Glands									
Limbs / Extremities									
Skin									
Neurological									
Psychological-									
psychiatric									
Doctor's Acknowledgement									
Doctor's Signature :			Address:						
Name :									
Registration Number :									
Registration Number .									
Phone:			Email:						
Note:									
If X-Ray, Laboratory Tests or other investigations are recommended, parents/guardians should get these done before the child re-joins the hostel, and bring the report to the Institute for follow up. All boarders joining the hostel must									
ensure that they are fully immunised for Hepatitis B and Typhoid, and have the scheduled dates recorded below.									
Vaccination Dates & T		Dose 1	Dose		Dose 3	Booster	Booster		
HEPATITIS – B									

Form Received on this date: 2023, by Signature of Institute Staff: