



# MORAVIAN INSTITUTE

Zhan – Phan – Ling, Rajpur, Dehradun, Uttarakhand 248009

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## MEDICAL REPORT FORM

Date of Examination : \_\_\_\_\_

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 :	Temperature :
Date of Birth :	Pulse :	Blood Pressure :

### *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 :	
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.

<b>Vaccination Dates &amp; Type</b>	<b>Dose 1</b>	<b>Dose 2</b>	<b>Dose 3</b>	<b>Booster</b>	<b>Booster</b>
HEPATITIS – B					
TYPHOID					

Form Received on this date: \_\_\_\_\_ 2026, by Signature of Institute Staff: \_\_\_\_\_