

### Medical Health Record Certificate

Eklavya Model Residential School \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

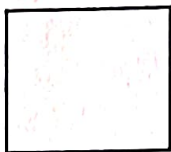
1. Name of the Candidate : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Address : \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. Height and Weight : \_\_\_\_\_
6. Abdomen (General Examination): \_\_\_\_\_
7. Chest (General Examination) : \_\_\_\_\_
8. Vision (With/Without Correction)  
Left Eye : \_\_\_\_\_ Right Eye: \_\_\_\_\_
9. Ears : \_\_\_\_\_
10. Throat : \_\_\_\_\_
11. Locomotor System : \_\_\_\_\_
12. Blood Pressure (BP) : \_\_\_\_\_
13. Cardiovascular System (Heart Function): \_\_\_\_\_
14. Respiratory System : \_\_\_\_\_
15. Genito-Urinary System : \_\_\_\_\_
16. Nervous System : \_\_\_\_\_
17. Allergies (Drug/Food/Environmental): \_\_\_\_\_
18. State of Vaccination : \_\_\_\_\_
19. Skin : \_\_\_\_\_
20. Blood Group : \_\_\_\_\_
21. Dental Hygiene : \_\_\_\_\_
22. Blood Disorders  
(Sickle Cell Anaemia / Haemophilia / Others): \_\_\_\_\_
23. Communicable Disease  
(TB / Hepatitis-A / Hepatitis-B / Others) : \_\_\_\_\_
24. Congenital / Chronic Diseases:  
(Acute Appendicitis / Congenital Heart Disease / Others) : \_\_\_\_\_
25. Epilepsy (under treatment/controlled/not applicable) : \_\_\_\_\_
26. Any past history of serious illness including surgery : \_\_\_\_\_
27. Is under regular/periodical medication for any ailments : \_\_\_\_\_

Remarks (if any, For Medical Care Purpose):

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Photograph of the Student  
(Attested with thumb impression)

Signature of Civil Surgeon: \_\_\_\_\_  
Office Seal: \_\_\_\_\_  
Name & Designation: \_\_\_\_\_  
Date: \_\_\_\_\_

**Note:-** This Medical Health Record Certificate is obtained solely for student health records and medical management during residential schooling. The Medical Health Record Certificate should not be older than one month from the date of its issue.