



PRELUDE PUBLIC SCHOOL

Dayal Bagh, Agra-282005 Ph.: 9568003708, 9917644644, 9870695341



HEALTH CARD IX - XII

NameStd..... Adm.No.....D.O.B.....

Gender (M / F / Others)..... Blood Group.....

Father's Name Contact No.

Mother's Name Contact No.

Address

Guardian's Name..... Contact No.

CWSN Specify -

Session	Height	Weight	BMI	Muscle Strength	Flexibility	Endurance	Balance	B.P.	Agility	Speed	Power	Cordination	Dr.'s Initial
2024-25													
2025-26													
2026-27													
2027-28													
2028-29													

To be filled by the Parents at the time of Admission

a. Is the student suffering from any health problem? If yes, please mention it below.

.....
.....

b. Any allergy (specify)

c. Please mention if he/she is taking any medicine/s or any treatment

.....
.....

d. Preference of any particular Family Doctor to be contacted in case of emergency.

Doctor's Name Contact No.

Address :

Signature of Parent / Guardian

Signature of School Doctor

YEARLY CHECK-UP REPORTS

ENT Report

Dental Report

2024-25

2024-25

2025-26

2025-26

2026-27

2026-27

2027-28

2027-28

2028-29

2028-29

Ophthalmic Report

Orthopaedic Report

2024-25

2024-25

2025-26

2025-26

2026-27

2026-27

2027-28

2027-28

2028-29

2028-29

Paediatric Report

2024-25

2025-26

2026-27

2027-28

2028-29