



PRELUDE PUBLIC SCHOOL



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

HEALTH CARD FOR CLASS NUR. - VIII

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	B.P.	Doctor's Remark
2024-25				
2025-26				
2026-27				
2027-28				
2028-29				
2029-30				
2030-31				
2031-32				
2032-33				
2033-34				
2034-35				
2035-36				

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.

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

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c. 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		2030-31	2024-25		2030-31
2025-26		2031-32	2025-26		2031-32
2026-27		2032-33	2026-27		2032-33
2027-28		2033-34	2027-28		2033-34
2028-29		2034-35	2028-29		2034-35
2029-30		2035-36	2029-30		2035-36
Ophthalmic Report			Orthopaedic Report		
2024-25		2030-31	2024-25		2030-31
2025-26		2031-32	2025-26		2031-32
2026-27		2032-33	2026-27		2032-33
2027-28		2033-34	2027-28		2033-34
2028-29		2034-35	2028-29		2034-35
2029-30		2035-36	2029-30		2035-36
Paediatric Report					
2024-25			2030-31		
2025-26			2031-32		
2026-27			2032-33		
2027-28			2033-34		
2028-29			2034-35		
2029-30			2035-36		