

DOCTOR'S CERTIFICATE

Please have this form filled by your Pediatrician / General Physician and submit the form at the School Office along with the Admission Form.

This is to certify that I have examined the following student and his/her health details are mentioned below.

Name of the studentAge.....Sex: M F

Ophthalmic Problems

Dental Checkup

Orthopedic Problems.....

Respiratory Problems

Skin Problems

Allergies

Epilepsy

Metabolism (Obesity etc)

Heart Problem

Any Other Problems

Doctor's Name

Address

PhoneMobile.....Registration Number.....

Doctor's Signature