

# MODERN HIGH SCHOOL FOR GIRLS

## Certificate of Health and Fitness

1. Name of the child \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. The following must be completed by a registered medical practitioner only

Does the applicant receive any regular medication? \_\_\_\_\_

If yes, please mention details \_\_\_\_\_

Does she have any known drug allergy? \_\_\_\_\_

Does she have any known food allergy? \_\_\_\_\_

Does she suffer from any known chronic illness? \_\_\_\_\_

Has she had any surgery? \_\_\_\_\_

Does she wear spectacles? If yes, please indicate power \_\_\_\_\_

Does she use a hearing aid? \_\_\_\_\_

Is she able to express herself verbally if hurt or needs to use the washroom? (For Pre Primary students only) \_\_\_\_\_

Has the standard vaccination schedule been followed? \_\_\_\_\_

Has she ever suffered from convulsions? \_\_\_\_\_

3. Has the applicant ever consulted a psychiatrist/ psychologist/or counsellor \_\_\_\_\_

if yes please mention the details \_\_\_\_\_

4. [Name of the student] \_\_\_\_\_ is fit to attend regular school and participate in school and co-curricular activities.

Name of the Medical Practitioner \_\_\_\_\_

License No. \_\_\_\_\_

Signature and stamp of Medical Practitioner \_\_\_\_\_

It is important to complete this form carefully and honestly as it is for the safety and well-being of your ward. Not disclosing serious medical issues is a risk to your ward. No applicant is discriminated against if she is able to benefit from our school environment.