

**MODERN HIGH SCHOOL FOR GIRLS**  
***Certificate of Health and Fitness***

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

The following must to 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?** \_\_\_\_\_

**Has the applicant ever consulted a psychiatrist/ psychologist/or counsellor? if yes please mention the details** \_\_\_\_\_

\_\_\_\_\_ is fit to attend regular school and participate in school and co-curricular activities.

**Name of Medical Practitioner** \_\_\_\_\_

**Licence 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.