

MODERN HIGH SCHOOL INTERNATIONAL

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 he/she have any known drug allergy? _____
Does he/she have any known food allergy? _____
Does he/she suffer from any known chronic illness? _____
Has he/she had any surgery? _____
Does he/she wear spectacles? If yes, please indicate power _____
Does he/she use a hearing aid? _____
Has the standard vaccination schedule been followed? _____
Has he/she ever suffered from convulsions? _____
3. Specify any major physical or mental illness/chronic health problems/any ailment the applicant has suffered or is suffering from _____
4. Has the applicant ever consulted a psychiatrist/ psychologist/or counsellor _____
if yes please mention the details _____
5. _____ 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 he/she is able to benefit from our school environment.