



The Plenum School

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ANNEXURE 1

HEALTH FORM

Student's Name: _____

D.O.B: _____

Gender: _____

Father's Name/Mother's/Guardian's Name _____

Relationship: _____

Height (Feet and Inches): _____ Weight (Kgs): _____

Blood Group: _____

Is your Child prone to: Seizures / Epilepsy/Fainting/ Diabetes/Asthma/ Severe Allergies/ Heart problems including heart murmurs /any injury etc. Give Details: -

List Major Inoculations with Date

Vaccine	Date
DPT	
Hepatitis A	
Hepatitis B	
Polio	
MMR	
BCG	

If any other please specify _____

Signature

(Parent/ Guardian)

Date _____

Mailing Address: 3/79 Shivaji Nagar, Gurgaon, Haryana - 122001, India
School's Address: Bagthan, District - Sirmaur, Himachal Pradesh - 173001, India

