



# New Horizon School

(Recog By D.O.E., GNCTD & Aff. To C.B.S.E.)

Dear Parents,

You are requested to get a Health Check-up of your ward by a qualified doctor and submit the report according to the sample card given below positively by **September 29, 2018**. **IF SUBMITTED PLEASE IGNORE.**

<b>Name of the Student</b>			
<b>Class &amp; Section</b>		<b>Admission No.</b>	
<b>Father's Name</b>			
<b>Mother's Name</b>			
<b>Age:</b>		<b>Years</b>	
<b>Gender (✓)</b>	<b>Male</b>		<b>Female</b>
<b>Address</b>			
<b>Emergency Contact No.</b>			

<b>MEDICAL REPORT</b>	
Blood Pressure (mm of hg)	
(Systolic / Diastolic)	
Pulse rate (minute)	
Head	
Eyes	
Left Eye / Right Eye)vision	
Skin	
Chest	
Hemoglobin	
Sugar	
Blood Group	
Abdomen	
Investigation	
Finding / Result	
Doctor's Signature	

<b>DENTAL EXAMINATION</b>	
<b>O/E</b>	
<b>Carries (Cavity)</b>	+
<b>Calculus (Deposits)</b>	<input type="checkbox"/>
<b>Stain (Pigmentation)</b>	<input type="checkbox"/>
<b>Miscellaneous</b>	<input type="checkbox"/>
<b>Advice:</b>	
<b>1. Filling I.r.L.</b>	+
<b>2. Scaling / Cleaning</b>	<input type="checkbox"/>
<b>3. Extraction</b>	+
<b>4. RCT</b>	<input type="checkbox"/>
<b>Oral hygiene</b>	
<b>Good</b>	<input type="checkbox"/>
<b>Fair</b>	<input type="checkbox"/>
<b>Poor</b>	<input type="checkbox"/>
	<b>Doctor's Sign</b>

Stamp of the doctor

Date: \_\_\_\_\_