



# New Horizon School

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

NHS/2019-20/1-

May 10, 2019

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 **May 20, 2019** for session 2019-20.

Name of the Student			
Class & Section		Admission No.	
Father's/Mother's Name			
Age		Years	Months
Address			
Emergency Contact no.			

MEDICAL REPORT	
Blood pressure (mm of hg) (on doctor, advice)	
(Systolic/diastolic)	
Pulse rate (minute)	
Head	
Eyes	
(Left Eye/Right Eye) vision	
Skin	
Chest	
Hemoglobin	
Sugar	
Blood Group Detection	
Abdomen	
Investigation	
Finding / Result	
Doctor's Signature with stamp	
Date:	

DENTAL EXAMINATION	
<u>O/E</u>	
Carries (Cavity)	+
Calculus (Deposits)	 
Stain (Pigmentation)	 
Miscellaneous	 
Advice :-	
1) Filling i.r.t	+
2) Scaling/Cleaning	 
3) Extraction	+
4) RCT	 
Oral hygiene (1) Good (2) Fair (3) Poor	
Doctor's Signature with stamp	
Date:	