



**HEALTH AND ACTIVITY CARD**  
**GENERAL INFORMATION**



Aadhar Card no. of Student (optional) \_\_\_\_\_

NAME: \_\_\_\_\_

ADMISSION NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

M F T \_\_\_\_\_ BLOOD GROUP: \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

YOB\* \_\_\_\_\_ WEIGHT\* \_\_\_\_\_ HEIGHT\* \_\_\_\_\_ BLOOD GROUP \_\_\_\_\_

AADHAR CARD NO.\* \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

YOB\* \_\_\_\_\_ WEIGHT\* \_\_\_\_\_ HEIGHT\* \_\_\_\_\_ BLOOD GROUP \_\_\_\_\_

AADHAR CARD NO.\* \_\_\_\_\_

FAMILY MONTHLY INCOME\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ (M): \_\_\_\_\_

CWSN, SPECIFY \_\_\_\_\_

SIGNATURE OF PARENTS/ GUARDIAN

DATE:

\*Optional information; that need not be shared with CBSE. Data privacy and protection shall be the responsibility of the concerned school.

AIR FORCE BAL BHARATI SCHOOL, LODI ROAD

Name of the student :

Adm NO.

Class:

Session:

HEALTH AND ACTIVITY RECORD

Components	Parameters	Remarks
Vision	RE/LE	
Ears	Left /Right	
Teeth Occlusion	Caries/Tonsils/Gums	
General Body Measurements	Height	
	Weight	
Circumferences	Hip	
	Waist	
Health Status	Pulse	
	Blood Pressure	
Posture Evaluation	If any: Head forward/Sunken chest/Round shoulders /kyphosis/lordosis /Abdominal Ptosis/body lean/tilted head /shoulders uneven/Scholiosis/Flat feet /Knock Knees/Bow legs	

Mr/ms

Place:

Signature of Medical Officer alongwith official seal

**AIR FORCE BAL BHARATI SCHOOL**  
**LODI ROAD, NEW DELHI-03**

BBS/VP/2018

23 Oct 2018

**CIRCULAR**

Dear Parent,

You are requested to kindly fill in the details of your ward in the attached medical form by your family physician with the official seal and submit it to the class teacher by 29<sup>th</sup> Oct 2018 (Monday).

In case of any inconvenience you can contact the school doctor.



**(Sunita Gupta)**  
**Principal**