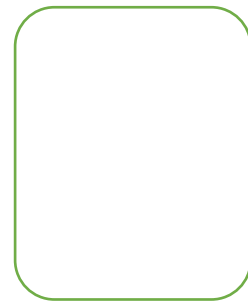




# MEDICAL FORM



## **RABINDRA VIDYA NIKETAN**

(Co-ed, Affiliated to CBSE, Affl. No. – 1530175)

Near All Indian Radio Station, Keonjhar, Odisha – 758002

### ELEMENTARY SCHOOL PHYSICAL FORM

Student's Name: \_\_\_\_\_

Date of Birth: Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Class: \_\_\_\_\_

Male: ☐

Female: ☐

### EXAMINATION

Height:

Weight:

Hearing:

Vision:

Blood gr.:

Comments:

History of any specific ailment:

Precautions if any:

Physician's Name

Physician's Address

Physician's Signature