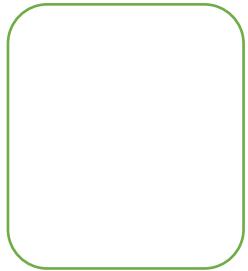




## MEDICAL FORM

THE FOUNDATION SCHOOL  
of  
**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