

School Health Card

Name :

Class :

Date Of Birth :

Sex :

Address :

Phone No :

Blood Group :

The Various Parameters in Which The Annual Medical Checkup Done by

Dental :

Eyes :

General Cleanliness :

Systematic Examination :

Allergic (if any) :

Date of Examination :

Past/Family History :

GENERAL

Height :

Weight :

Nails :

Hair :

Skin :
Anemia :
Ear :
Nose :
Throat :
Neck :

DENTAL EXAMINATION

Extra-oral :
Intra-oral :
Tooth cavity :
Plaque :
Gum inflammation :
Stains :
Tarter :
Bad breath :
Gum bleeding :
Soft tissue :

SYSTEMATIC EXAMINATION

Respiratory System:
Cardio Vascular system :
Abdomen :
Nervous System :
Eyes Right:
Eyes Left :
Important findings :
Remarks :
Medical Officer's name :
Follow up :