



Beside Ahmedabad Dental College, Nr. Arjun Farm, Ranchhodpura-Bhadaj Road, Ranchhodpura, Ahmedabad.
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HEALTH CARD

1. Name of the Child:
2. Grade: 3. Date of Birth:
4. Father's Name:
5. Address:

6. Telephone No.: (R) (M)

7. Emergency Telephone No.:

8. Weight in kg:

9. Immunisation History:

| | | | | | |
|------------------|---------------------------|--------------------------|---------------------|---------------------------|--------------------------|
| (a) BCG: | <input type="radio"/> YES | <input type="radio"/> NO | (b) DPT: | <input type="radio"/> YES | <input type="radio"/> NO |
| (c) Oral Polio: | <input type="radio"/> YES | <input type="radio"/> NO | (d) DT: | <input type="radio"/> YES | <input type="radio"/> NO |
| (e) Measles/MMR: | <input type="radio"/> YES | <input type="radio"/> NO | (f) Tetanus Booster | <input type="radio"/> YES | <input type="radio"/> NO |
| (g) Typhoid: | <input type="radio"/> YES | <input type="radio"/> NO | (7-16 years): | | |
| (h) Cholera: | <input type="radio"/> YES | <input type="radio"/> NO | (i) Meningitis: | <input type="radio"/> YES | <input type="radio"/> NO |

10. • Vaccines No. (a) to (f) are compulsory.
• No. (g) and (h) are optional, but recommended to be given once a year.
• No. (i) is optional, but recommended.*

11. Precaution
(a) Food:
(b) Other:

12. History of Past illness
(a) Specific diseases suffered:
(b) Operation undergone, if any, specify:
(c) Allergies, if any, specify:
(d) Drugs allergic to, if any, specify:
(e) Any other diseases for which the child is on regular medication:

13. Blood Group:

14. If you follow an alternative medicinal therapy please give details below
Ayurveda:
Homeopathy:
Any Other:

Date: Signature of Parent

