



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.

HEALTH AND ACTIVITY RECORD

S. No.	COMPONENTS	PARAMETERS	REMARKS
1	VISION	RE/LE	
2	EARS	LEFT/RIGHT	
3	TEETH OCCLUSION	CARIES/TONSILS/GUMS	
4	GENERAL BODY MEASUREMENT	HEIGHT	
		WEIGHT	
5	BMI	BMI FOR SPECIFIC AGE AND GENDER	
6	CIRCUMFERENCES	HIP	
		WAIST	
7	HEALTH STATUS	PULSE	
		BLOOD PRESSURE	
8	POSTURE EVALUATION	IF ANY: HEAD- FORWARD/ SUNKEN CHEST/ ROUND SHOULDERS/KYPHOSIS/ LORDOSIS/ ADOMINAL PTOSIS/ BODY LEAN/ TILTED HEAD/ SHOULDERS UNEVEN/ SCHOLIOSIS/ FLAT FEET/ KNOCK KNEES/ BOW LEGS	

Name of Students

Class.....Sec

Father's Name

Mother's Name

Doctor Seal & Signature