



# DELHI PUBLIC SCHOOL

(Under the aegis of DPS Society, New Delhi)  
NH-2, Agra Road, Etawah (U.P.)- 206001  
Mob. 8393861000, 8393862000

## Medical Certificate

(To be filled only by a Registered Practitioner)

Name of the Child (In capital letter)

Mother's/Father's Name

Date of Birth 

D	D	M	M	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identification Mark

Height

Weight

Chest  Normal  Expanded

Vision with Glasses  R/E  L/E

Vision without Glasses  R/E  L/E

Blood Pressure

Hearing

Any infections / Chronic diseases

Physical defects , if any  
(Attach Certificate of the competent authority)

Inoculations administered

Final Report of Medical Practitioner

(Signature)

Date :  Name :  Dr.  Regd. No.

Place :  Address :

Official Stamp