

**NEW ERA PUBLIC SCHOOL**  
MAYAPURI, NEW DELHI-110064

**Health Status**  
**(2022-2023)**

NEPS/PAR.CIR./2022-23/11

30.04.2022

Name of the Student: \_\_\_\_\_

Class: \_\_\_\_\_

Section - \_\_\_\_\_

1. Any specific illness that the child is suffering from:

- |   |                             |
|---|-----------------------------|
| (a) Asthma  | (b) Heart Ailments          |
| (c) Diabetes  | (d) Hypertension            |
| (e) Convulsion  | (f) Allergies               |
| (g) Mobility issues   | (h) Blindness or low vision |
| (i) Orthopedic Disability   | (j) Hearing Disability      |
| (k) Cerebral Palsy, Autism, Intellectual disability, learning disabilities like Dyslexia, Dyscalculia, etc. |                             |
| (l) Any Other (Please specify below)  |                             |
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

1a. No Known Ailment (Please tick if so) \_\_\_\_\_

P.T.O.

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Class: \_\_\_\_\_

Section - \_\_\_\_\_

1. Any specific illness that the child is suffering from:

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|---|-----------------------------|
| (b) Asthma  | (b) Heart Ailments          |
| (d) Diabetes  | (d) Hypertension            |
| (f) Convulsion  | (f) Allergies               |
| (h) Mobility issues   | (h) Blindness or low vision |
| (i) Orthopedic Disability   | (j) Hearing Disability      |
| (k) Cerebral Palsy, Autism, Intellectual disability, learning disabilities like Dyslexia, Dyscalculia, etc. |                             |
| (l) Any Other (Please specify below)  |                             |
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

1a. No Known Ailment (Please tick if so) \_\_\_\_\_

P.T.O.

*[Handwritten signature]*

2. If Yes, kindly furnish the following details:

What are the visible symptoms of the condition?	
What action may the medical staff take?	
Whom to contact in case of emergency:	Name and Relation : _____ Contact No. : _____

**Note: Please attach a medical advisory from her/his treating physician as required.**

	Name of the Parents	Parents' Signature	Parents' Phone No.
Father -	_____	_____	_____
Mother -	_____	_____	_____

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What are the visible symptoms of the condition?	
What action may the medical staff take?	
Whom to contact in case of emergency:	Name and Relation : _____ Contact No. : _____

**Note: Please attach a medical advisory from her/his treating physician as required.**

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Father -	_____	_____	_____
Mother -	_____	_____	_____

\_\_\_\_\_