

**Form E**

**Health Profile of Children**

Name of Institution

Date of Checkup

Serial Number

- Name \_\_\_\_\_
- Age \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- General Health Status
  - Height of the Child \_\_\_\_\_
  - Weight of the Child \_\_\_\_\_
  
- Mental Health Status \_\_\_\_\_
- Disability
  - Nature of Disability \_\_\_\_\_
  - Extent of Disability \_\_\_\_\_
- Eye Sight \_\_\_\_\_
- Hearing \_\_\_\_\_
- Lung Examination \_\_\_\_\_
- Blood Tests regarding (Hb), Infections and HIV  
\_\_\_\_\_
- T.B Test \_\_\_\_\_
- Any other test if required  
\_\_\_\_\_
- Comment of Doctor on overall Health of the Child (whether health is satisfactory)  
\_\_\_\_\_  
\_\_\_\_\_
- Further test recommended , please specify \_\_\_\_\_
- Recommended Date of Follow up (in case of any disease)  
\_\_\_\_\_

Signature of the Medical Officer

Name & Designation with Office Stamp.

