



SUSHILA BIRLA GIRLS' SCHOOL

School No. : 56032

Affiliation No. : 2430096

Name: _____

Class: _____

Section: _____

Components	Parameters	Observation
Vision	RE/LE	
Ears	Left/Right	
Teeth Occlusion	Caries/Tonsils/Gums	
General Body Measurements	Height	
	Weight	
Circumferences	Hip	
	Waist	
Health Status	Pulse	
	Blood Pressure	
Posture Evaluation	If any: Head Forward/Sunken Chest/Round Shoulders/Kyphosis/Lordosis/Abdominal Ptosis/Body Lean/Tilted Head/Shoulders Uneven/Scoliosis/Flat Feet/Knock Knees/Bow Legs	

Student's Blood Group: _____

Mother's Blood Group: _____

Father's Blood Group: _____

Mother's Signature: _____

Father's Signature: _____

Date: _____