



LAKSHMIPAT SIGHANIA ACADEMY
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					
Components	Parameters	Class 9th	Class 10th	Class 11th	Class 12th
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 SIGNATURE

FATHER'S SIGNATURE

MOTHER'S SIGNATURE