

# Welham Boys' School Hospital

Name: \_\_\_\_\_

Date: \_\_\_\_\_

WB S. No. / House \_\_\_\_\_

### Medical Certificate

(To be certified by the family doctor)

I hereby certify that I have thoroughly examined Master \_\_\_\_\_ Son of \_\_\_\_\_ and found him in good health and fit for normal residential School life and work. I have particularly given him a skin examination and certify that he is not suffering from ringworm scabies/mumps/chickenpox or any other transmittable disease. To the best of my knowledge and belief he has not, during the last 30 days, suffered from or been exposed to any infection or contagious disease.

Further remark if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Doctor

### Eye Examination Refraction

Right Eye				Left Eye			
Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision

For near add \_\_\_\_\_

Remark: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Doctor

Treatment /Vaccinations given during the holidays (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Parent

**Note:**

- 1. Kindly have all corn and warts treated during the holidays.**
- 2. Kindly document the recent immunization during holidays in the above table.**
- 3. If this Certificate is not produced on the date of joining the boy may be kept in quarantine or sent home at the discretion of the Principal.**