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## केन्द्रीय माध्यमिक शिक्षा बोर्ड

(मानव संसाधन विकास मंत्रालय, भारत सरकार, के अधीन एक स्वायत्त संगठन)

शिक्षा सदन, 17, इन्स्टिट्यूशनल क्षेत्र, राउज एवेन्यु, दिल्ली-110002.

CENTRAL BOARD OF SECONDARY EDUCATION

(An Autonomous Organization under the Union Ministry of Human Resource Development, Govt. of India)

“Shiksha Sadan”, 17, Institutional Area, Rouse Avenue, Delhi-110002.

CBSE/ACAD/AEO (L)/2012

February 24, 2012  
Circular No: 15

All the Heads of Institution  
Affiliated to CBSE,

**Subject: Verification of the Immunization Records of students in schools affiliated to CBSE**

Dear Principal,

As you are aware that many thousands of cases of deadly communicable diseases which occur in India can be prevented and many hundreds of lives could be spared if the methods which already have proved highly effective in checking the spread of communicable diseases can cover each child in the relevant age group.

Vaccinations (like the OPV vaccine) are given as a series of shots, not just one single dose. Some students may have missed getting all the required shots. Not getting a full course of a vaccine leaves a child unprotected and still at risk for getting a disease. Other vaccinations require a booster shot every few years to ensure that the level of immunity remains high. Therefore a strict schedule of vaccination ought to be followed for adequate protection and high level of immunity. Unprotected children may spread the disease especially in schools where large numbers of students are together in close quarters. The successes of government plans like the Universal Immunization Programme also depend on the level of awareness that can be generated through various measures.

In view of the above facts the CBSE has incorporated a format for verifying the record of immunization that a child has been subjected at the time of admission in school in the Health Manual Volume-I Page No-78-79(Annexure 'A'). CBSE has published Health Manuals in four volumes which have been revised in 2010 to include issues regarding sanitation, hygiene, environmental protection, safety, emergency medical services, CCE in context of Health and Physical Education, Eco Clubs, Health and Wellness Clubs, Scientific Skills, CCE School based assessment certificate and PEC cards.

There are two formats also given in the same manual regarding format of Health Cards. The first one is in the form of a child's Health History which the school may take at the time of admission so that

the School has a record of the child's Health status. The second format (Health Manual Volume I Page No 80-81- Annexure 'B') is more general and needs to be periodically updated to keep a record of the continuous Health status of the child through school.

It is also categorically mentioned in the Manual that at no stage should the school consider any external Examination or referral without taking the parents into confidence. Establishing good health practices is essential but keeping the parents aware and informed and taking their consent and approval at every step is even more so. For each parent the health of the child is of paramount importance and their support will be assured.

The CBSE's Affiliation Bye-laws (June 2009, P 31, xxv) also, inter alia, state that among the duties of the Heads of the school, they must also be concerned with promoting the physical well being of the pupil ensuring high standard of cleanliness and health habits and arranging periodical medical examinations of the students and sending Medical reports to parents or guardian.

It is once again requested that schools must encourage immunization of students and observe utmost sincerity in verifying the Immunization Record of each student admitted in the school. Schools must also discuss the immunization records of students with parents for a timely remediation, if needed. This will help the country in controlling and even eradicating infectious diseases.

Yours Sincerely,



(Dr Sadhana Parashar)  
Director (Training)

Copy to:

1. The Director of Education, Govt. of NCT of Delhi, Old Secretariat, Delhi-110054.
2. The Commissioner, Kendriya Vidyalaya Sangathan, 18, Institutional Area, Shaheed Jeet Singh Marg, New Delhi-110016.
3. The Commissioner, Navodaya Vidyalaya Samiti, A-28, Kailash Colony, New Delhi-110048.
4. The Director, Central Tibetan School Administration, ESS Plaza, Sector-3, Rohini, Delhi-85
5. The Additional Director General Director General of Army Education, A-Wing, Sena Bhawan, DHQ-PO, New Delhi.
6. The Secretary & Director Education, Govt. of Sikkim, Gangtok(Sikkim)-737101.
7. The Director of Education, Andaman and Nicobar Islands, Port Blair-744101.
8. The Director of School Education, Govt. of Aurnachal Pradesh, Civil Sectt. Ita nagar-70111, Arunachal Pradesh.
9. The Director of Public Instruction, Chandigarh Administration, Sector-9, Chandigarh-160017.
10. All the Directors of CBSE, Delhi.
11. E.O. to Chairman, CBSE, DELHI
12. All the Regional Officers of the CBSE,
13. All the Education Officers of the CBSE, DELHI.
14. Joint Secretary (IT), CBSE with a request to put the circular on the Website.



AEO

# School Health Record

## General Information

<p>Name: .....</p> <p>Date of Birth: .....</p> <div data-bbox="306 905 618 1234" style="border: 1px solid black; width: 192px; height: 157px; margin: 10px auto;"></div>	<p>Admission No: .....</p> <p>Father's Guardian's Name &amp; Address:.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>Phone No. Office:</b> .....</p> <p><b>Residence :</b> ..... <b>Mobile:</b> .....</p>
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*Note: The schools before implementing the Health Cards may consult a local Registered Medical Practitioner.*

Name of the School Logo etc.

**BOTH SIDES OF THIS FORM TO BE SUBMITTED AT THE TIME OF ADMISSION**

Name of the Student ..... M/F .....Class.....

Date of Birth ..... Blood Group .....

Father's Name ..... Mother's Name .....

**VACCINATIONS**

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Month		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Births		
	1 Months		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT – OPA	4½ Year		

**BOOSTER DOSES**

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Signature of Father .....Signature of Mother .....

# HEALTH HISTORY

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

• Does the child have any problem during physical activity .....

Signature of Father ..... Signature of Mother.....

## To be certified by a Registered Medical Practitioner

Date of physical examination..... Height ..... Weight.....

B.P..... Pulse ..... Vision L ..... R.....

Squint..... Conjunctiva..... Cornea..... Ear L..... R.....

Clinical Examination	Normal	Recommendation	
Head/Neck			
Abdomen			
Surgery			
Serious Illness			
Nails			
Skin			

Summary of Current Health Condition, \_\_\_\_\_

\_\_\_\_\_

- Fit to Participate in age specific physical activity \_\_\_\_\_
- Fit to participate in age specific physical activity with precaution \_\_\_\_\_
- Should not participate in competitive sport \_\_\_\_\_

Signature of Doctor .....

Name of the Doctor.....

.....												
General Appearance												
Weight Kg. Actual Percentile												
Height Cms Actual Percentile												
Eye Vision R. E.												
L. E.												
Squint Conjunctiva Cornea												
Rt. Lt. Ears : External Ear Middle Ear												
ORAL CAVITY GUMS Colour Teeth Occlusion Caries TONSILS Lymph Nodes												
Pulse												
B.P.												
Nails												
Skin												
Muscle, Skeletal System Knee/Flat Feet/Lordosis/Kyphosis												
Systemic Examination												

## School Health Card – II

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

Age \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: : \_\_\_\_\_

Blood Group: \_\_\_\_\_

### The Major Parameters On Which The Annual Medical Checkups Done Are:

Dental \_\_\_\_\_

Eyes \_\_\_\_\_

General Cleanliness \_\_\_\_\_

Systemic Examination \_\_\_\_\_

Allergy (if any): \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Past/Family History: \_\_\_\_\_

### GENERAL:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Nails: \_\_\_\_\_

Hair: \_\_\_\_\_

Skin: \_\_\_\_\_

Anemia: (Mild , Moderate, Severe or Absent) \_\_\_\_\_

Ear: \_\_\_\_\_

Nose: \_\_\_\_\_

Throat: \_\_\_\_\_

Neck: \_\_\_\_\_

### DENTAL EXAMINATION:

i. Extra-oral \_\_\_\_\_

ii. Intra-oral \_\_\_\_\_

- a) Tooth cavity \_\_\_\_\_ b) Plaque \_\_\_\_\_  
c) Gum inflammation \_\_\_\_\_ d) Stains \_\_\_\_\_  
e) Tarter \_\_\_\_\_ f) Bad breath \_\_\_\_\_  
g) Gum bleeding \_\_\_\_\_ h) Soft tissue \_\_\_\_\_

### SYSTEMIC EXAMINATION

Respiratory System: \_\_\_\_\_

Cardio vascular system \_\_\_\_\_

Abdomen: \_\_\_\_\_

Nervous System: \_\_\_\_\_

Eyes : \_\_\_\_\_

Right \_\_\_\_\_ Left \_\_\_\_\_

Important findings: \_\_\_\_\_

Remarks: \_\_\_\_\_

Medical officer's name and signature \_\_\_\_\_

Follow up : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Designation: \_\_\_\_\_ Place : \_\_\_\_\_

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