Form E

Health Profile of Children

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Date of Checkup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serial Number</td>
<td></td>
</tr>
</tbody>
</table>

- 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.