

# 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 9 <sup>th</sup>	Class 10 <sup>th</sup>	Class 11 <sup>th</sup>	Class 12 <sup>th</sup>
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/ Adominal Ptosis/ Body Lean/ Tilted Head/ Shoulders Uneven/ Scholiosis/ Flat Feet/ Knock Knees/ Bow Legs				
Sporting Activities (HPE)  (For details, see HPE manual available on CBSE website www.cbseacademic.in)	<b>Strand 1:</b> <u>Any one of following:</u> 1. Athletics/ Swimming 2. Team Game 3. Individual Game 4. Adventure Sports				
	<b>Strand 2:</b> <b>Health and Fitness</b> <i>(Mass PT, Yoga, Dance, Calisthenics, Jogging, Cross Country Run, Working outs using weights/gym equipment, Tai- Chi etc)</i>				
	<b>Strand 3:</b> <b>SEWA</b>				