

HEALTH STATUS UNDERTAKING

My ward _____ has taken admission in the B.Sc./M.Sc. hostel (tick) and is a student of _____

1. The Blood Group of my ward is _____
2. Does / does not suffer from any infections / communicable disease.
3. Does / does not suffer from any chronic disease, (if does / Please tick mark)
Diabetes/Asthma/Heart problem/Skin allergy/Kidney stone/Migraine/menstrual Problem/any other (specify) _____
4. If yes, I undertake that the medical treatment of my ward is the responsibility of the local guardian, who undertakes to be available at the time of any emergency. The institute will not be held responsible in case of any untoward happening related to the illness.
5. The health and medical treatment of my ward is the sole responsibility of the parent/local guardian and I shall not hold the institute responsible for the same.
6. For medical treatment of minor illness of my ward I have no objection to my ward being taken to the Govt. Multi Speciality Hospital, Sector 16, Chandigarh.
7. In case any specialized medical attention / surgery is required for my ward. I shall take my ward from the hostel on the basis of medical leave.
8. In case of any emergency surgery, the consent form will be signed by the local guardian / parent.
9. My ward suffers from the following allergies :

Food Allergies :

Allergies to medicines :

Place :

Date :

Signature of Parent