



# 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 (optional).....

FATHER'S NAME .....

YOB ..... WEIGHT ..... HEIGHT ..... BLOOD GROUP .....

AADHAR CARD NO(optional) .....

FAMILY MONTHLY INCOME .....

ADDRESS .....

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PHONE NO ..... (M) .....

CWSN, SPECIFY .....

SIGNATURE OF PARENTS / GUARDIAN

DATE .....

# HEALTH AND ACTIVITY RECORD

NAME \_\_\_\_\_ CLASS \_\_\_\_\_ SECTION \_\_\_\_\_

## HEALTH COMPONENTS

S.NO.	COMPONENTS	PARAMETERS	OBSERVATION
1	VISION	Right eye	
		Left eye	
2	EARS	Right ear	
		Left ear	
3	HEALTH STATUS	Plus	
		Blood pressure	
4	BODY COMPOSITION	BMI	
5	GENERAL BODY MEASUREMENT	Height	
		Weight	
		Hip circumference	
		Waist circumference	
6	POSTURE EVALUATION	Head forward/Round shoulder kyphosis/lordosis/Body Lean / Shoulder uneven/ Flat foot / Knock knees/ Bow legs.	

## FITNESS COMPONENTS

S.NO.	FITNESS COMPONENTS	TEST NAME	SCORES
1	MUSCULAR STRENGTH	Partial Curl Up	
		Flexed /Bent Arm Hang	
		Standing Vertical Jump	
2	ENDURANCE	600 Mt. Run	
3	SPEED	Sprint / Dash	
4	CO-ORDINATION	Shuttle Run	
		Plate Tapping	
		Alternative Hand Wall Toss Test	
5	FLEXIBILITY	Sit and Reach Test	
6	BALANCE	Flamingo Balance Test	

**My SEWA Promise Form (illustrative)**

**Dear Student,**

**SEWA is a firm step to prepare you for life. It is a voluntary project experience. You have to complete My SEWA Promise Form and obtain prior approval for the activity/Project. Selection of a SEWA activity, development, implementation of the proposal and evaluation of the activity is the responsibility of each student. Signature of the parent indicates review and approval of this proposal.**

**Student Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**(Print/Type)**

**Brief Description of the Activity:**

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**Duration (Days and Time):** \_\_\_\_\_ **Estimated Hours:** \_\_\_\_\_

**Name of Mentor Teacher:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

