



المدرسة الهندية - دارسيت INDIAN SCHOOL DARSAIT

A NABET Accredited School Affiliated to CBSE vide Affiliation No. 6130012

ص.ب: ١٥٥١، الرمز البريدي: ١١٤، جبروه، سلطنة عمان، هاتف: ٢٤٧٨٦٦٩٣، ٢٤٧٨٣٩٩٥، فاكس: ٢٤٧٠١١٥٨، +٩٦٨
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ISD/ACAD/CIR/022/2025

18/05/2025

Circular to Balavatika to Class XII

Dear Parents

Greetings of the day!

As per the instructions received from the Ministry of Health (MOH) to promote the health and well-being of students, we would like to inform you that students without proof of vaccination from birth will be administered the following vaccines.

The below given are the 1st dose of vaccinations to be administered to students:

- **Tdap** (Tetanus, Diphtheria and Pertussis vaccine)
- **MMR** (Measles, Mumps, and Rubella vaccine)
- **OPV** (Oral Polio Vaccine)

After one month, the following vaccinations will be administered:

- **Hep B** (Hepatitis B vaccine)
- **OPV** (Oral Polio Vaccine)

Regards

Amar Srivastava
Principal



(P.T.O)



Kindly fill in the following details accurately and submit it **latest by Monday, 19 May 2025**

REPLY SLIP:

Name of the student	Class and section	Gr no	Phone number (parents/guardian)	Resident card number	Passport number	Residence location

Do you have the vaccination card but were unable to upload it in the Google form

☐ Yes ☐ No

If **YES**, please attach a copy of the vaccination card, including the front (name) page.

Does the student have any health issues or is currently on any medication?

- Health Problems (if any):
- Medications (if any):

Consent Declaration:

☐ I hereby give my consent for my son/daughter to receive the required vaccinations as part of the Ministry of Health's vaccination campaign.

Parent/Guardian Name:

Signature of Parent/Guardian:

Date:

Please tick the box above, fill in the required details, and submit this signed slip along with Resident card copy / Passport copy.