المدرسة الهندية الدولية
INDIA INTERNATIONAL SCHOOL

Date : .....

Dear Doctor

Greetings

Please perform the necessary medical examination for the student/teacher whose details are given below:

Name of the Student/ Teacher : .....

Class / Section : .....

Thank you for your cooperation

Principal

Doctor's / Health supervisor's report:.....

.....

.....

.....

Advised treatment/ rest from ..... to .....

Doctor's/ Health Supervisor's name ..... sign .....

Designation

Clinic/ Hospital

P.O. Box No. 7721 Fahaheel 64013 Kuwait Tel.: 23728702, 23728724, Fax : 23720866