

CONFIDENTIAL

MEDICAL HISTORY AND PERSONAL PARTICULARS OF STUDENTS

1. Full Name (in capitals)
2. Roll No.....
3. Name of Parent / Guardian
4. Personal : Veg. / Non-Veg
Abuse of substances (if any) : Smoking / Alcohol / Drugs / Any other
5. Past medical / Surgical Treatment : No Yes

2.1 Allergies / Bronchial asthma / Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Abdomen including Urinary Tract	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Locomotor system (Spinal/Vertebral column/Joints)	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Neurological disorders / Psychological disorders	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Sexually-transmitted / Venereal Diseases / Skin	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>
2.10 Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>
6. Family history of any major illness : No Yes

3.1 Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Leprosy	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Ischemic heart diseases	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Cancer	<input type="checkbox"/>	<input type="checkbox"/>
7. Identification Marks : 1)
2)
8. Blood group :

I declare that all the statements above are true and correct to the best of my knowledge. I fully understand that I am responsible for the accuracy of all statements given.

Candidate's Signature :

Counter signed by Parent /Guardian :

Date:

Place:

HEALTH CERTIFICATE

1. Examination by a General Physician (M.D. in General Medicine)

I, Dr.
 after examining (with necessary investigations) Mr./Ms.
 Son/Daughter of Mr./Ms.
 born on

CERTIFY :

Weight kg. Height.....cm. Blood pressure / mm Hg.
 Girth of Chest: (a) At rest..... (b) After deep inspiration.....
 Cardiovascular System : Heart..... Heart Sounds.....
 Respiratory System :
 Neurological System :
 Psychological disturbance : Yes / No If yes, specify.....
 Past Medical or Surgical Record :
 Identified allergies :
 Current treatments :

Current Vaccination Status (All candidates who do not have adequate active / passive immunity against diseases mentioned below should take these injections/adult booster dose as recommended, just before joining the Institute and the date to be mentioned below).

VACCINATION AGAINST DISEASES	1 st Injection		Last Booster	
	Date	Yes / No	Date	Yes / No
BCG				
Diphtheria - Tetanus - Poliomyelitis				
Measles, Mumps, Rubella				
Hepatitis B				
Hepatitis A				
Meningitis				
Typhoid				
Chicken pox				

Candidate's Signature :

2. Examination by Ophthalmologist*

	Acuity of Vision	Far Vision		Near Vision		Colour Vision
		Naked eye	With glasses	Naked eye	With glasses	
R.E.						
L.E.						

*Latest Optometrist's Recommendations if any to be attached in original.

Remarks /Special recommendation, if any

I, Dr.

have examined (with necessary investigations) Mr./Ms.

..... Son/Daughter of Mr./Ms.....

born on and the above information given to the best of my knowledge are correct and true.

Date :

Signature and Seal

Place :

3. Examination by ENT Specialist*

	Inspection / hearing	*Audiometry
Right Ear		
Left Ear		

* Latest Audiometry report to be attached in original.

Remarks /Special recommendation, if any

I, Dr.

have examined (with necessary investigations) Mr./Ms.

..... Son/Daughter of Mr./Ms.....

born on and the above information given to the best of my knowledge are correct and true.

Date :

Signature and Seal

Place :

Candidate's Signature :

INVESTIGATIONS

- | | | | |
|----|---------------------------------------|-----------|-------------|
| 1. | *Electrocardiogram | Date..... | Result..... |
| 2. | *Chest X-ray | Date..... | Result..... |
| 3. | *Sonography (whole abdomen) | Date..... | Result..... |
| 4. | *Urine | Date..... | Result..... |
| 5. | *Blood Tests | | |
| | a) Blood Sugar (F/PP) | Date..... | Result..... |
| | b) Urea/Creatinine | Date..... | Result..... |
| | c) Peripheral Smear Study /HB% | Date..... | Result..... |
| | d) Lipid Profile | Date..... | Result..... |
| | e) Blood group/ typing (if not known) | Date..... | Result..... |
| | f) HBS Ag | Date..... | Result..... |
| | g) HIV - I & II | Date..... | Result..... |

*All original investigation reports to be attached.

Remarks/ Special Recommendation, if any:

Conclusion: Fit / Unfit to pursue higher education with a very tight academic schedule.

Reason:

Date :

Signature and Seal

Place :

Candidate's Signature :