

Student's Medical Report

Note: Please use 'BLOCK LETTERS' to complete this form.

All questions MUST be answered honestly, please submit to Resident Officer at the time of admission

STUDENT'S INFORMATION

Admission No.

Class

Name

Surname

Sex Date of Birth

Emergency Phone No. Mobile

Name

Address

E-Mail Fax

Student
Recent Colour
Photograph
(3.5 cm x 3.5 cm)

MEDICAL HISTORY FORM

S. No.	Question	Date	Response Remarks
1.	Has your ward had any of the following Childhood diseases ?		
	a. Chicken Pox		
	b. Measles		
	c. Mumps		
	d. Diphtheria		
	e. Whooping Cough		
	f. Polio		
2.	Has he / she suffered from any of the following other diseases ?		
	a. Tuberculosis		
	b. Enteric (Typhoid) Fever		
	c. Dysentery		
	d. Malaria		
	e. Dengue Fever		
	f. Rheumatic Fever		
	g. Infective Hepatitis (Jaundice)		
	h. Mononucleosis		
	i. Other disease / illness if any		
	j. Fits		

3.	Does / did he / she suffer from any ENT problems?	
	a. Frequent colds	
	b. Frequent nosebleeds	
	c. Frequent sore throat (Tonsillitis)	
	d. Any symptoms of deafness	
	e. Tooth or Gum problems	
	f. Hay Fever / Allergies	
4.	Does / did he / she suffer from any chest or respiratory problems?	
	a. Cough	
	b. Astma	
	c. Pneumonia	
5.	Cardio	
	a. Rheumatic Heart disease	
	b. Other heart problems	
	c. High blood pressure	
6.	Blood Disorder	
	a. Haemophilia (Excessive Bleeding)	
7.	Does / did he / she suffer from any GI / GU conditions?	
	a. Appendicitis	
	b. Abdominal pain	
	c. Bladder / Urinary infection	
	d. Diarrhoea / Dysentery	
	e. Gall bladder	
	f. Frequent indigestion	
	g. Haemorrhoids	
	h. Hernia	
	i. Kidney infection	
	j. Pancreatitis	
8.	Does / did he / she suffer from any skin conditions ?	
	a. Eczema	
	b. Impetigo	
	c. Frequent boils	
	d. Scabies	
9.	Does / did he / she suffer from any Neurological conditions ?	
	a. Convulsion / Epilepsy / Fits	
	b. Dizziness / Fainting spells	
	c. Vertigo	
	d. Frequent headaches	
	e. Neuritis	
	f. Viral Encephalitis	

10.	Does / did he / she suffer from any other medical conditions ?		
	a. Insomnia		
	b. Sleep walking		
	c. Depression		
	d. Hysteria		
	e. Mental illness		
	f. Psychiatric treatment		
11.	Has he / she had any surgical operation, head or other serious injury or fracture of the bones ? If so, please give particulars.		
12.	Is he / she a bed-wette ? If so, how frequently does this happen?		
13.	Has he / she been X-Rayed at any time? If so, when and for what ?		
14.	Are his / her eyes and eyesight normal ?		
15.	Does he / she wear glasses or contact lenses (if yes, attach prescription) or suffer from any other eye ailment ?		
16.	Are his / her teeth generally in good order ?		
17.	Does he / she need orthodontic treatment ?		

MEDICAL RECORD

Height	cms	Weight	kgs	Temp	Pulse	B.P.
Chest (full expiration)		Chest (full inspiration)				
Blood Group & RH		Blood & WBC : Hgb-grams %				
Montoux Test (if done): Positive / Negative						
Pathology (Blood, Urine & Stool, if applicable)						
Skin conditions:						
Eyes / Vision (attach prescription if glasses or contact lenses are worn)						
Ears / Hearing						
State of appendages / extremities						
State of Spine & Neck, Posture:						
Signs of flat feet or other defects:						
Breasts						
Glands						
Throat / Tonsils						
Piles / Fissure						
Abdomen / Hernia / Spleen						
Pelvo-Rectal						
Cardio Vascular System						
Respiratory System						
Neurological / Central Nervous System						

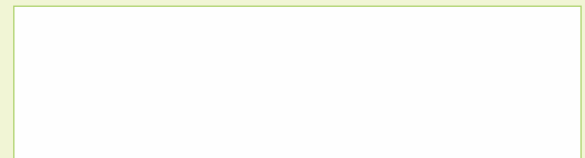
IMMUNISATION RECORD

	Primary (DD, MM & YY)	Booster (DD, MM & YY)
BCG		
Polio		
DPT		
Measles		
MMR		
Tetanus Toxoid		
TABC		
Typhoid		
Hepatitis 'A'		
Hepatitis 'B'		
Others		

This is to certify that I have conducted a through medical examination of
 and find that he / she is in a fit state of physical
 and mental health to join a residential school and does not suffer from any infectious disease. He / she (tick one)
 is / not permitted to participate in games and physical education activities.

Remarks / Restrictions

Date



Signature & Stamp of Medical Practitioner

MEDICAL PRACTITIONER DETAILS

Name

Regd No.

Mobile

Hospital Address

City Pincode Phone No.

House Address

City Pincode Phone No.