

**MEDICAL EXAMINATION REPORT**

1. Name in full : \_\_\_\_\_
2. College/Institute : \_\_\_\_\_
3. Year of study : FY  SY  TY
4. Roll No. : \_\_\_\_\_
5. Enrollment No. : \_\_\_\_\_
6. Present Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Contact No. : \_\_\_\_\_
8. E-mail id : \_\_\_\_\_
9. Male/Female : \_\_\_\_\_
10. Staying with : Parents : \_\_\_\_\_ Hostel/PG : \_\_\_\_\_ Guardian : \_\_\_\_\_
11. Date of Birth & Age : \_\_\_\_\_
12. Blood Group : \_\_\_\_\_
13. Figure & Physical Development
  - a. Height : \_\_\_\_\_
  - b. Weight : \_\_\_\_\_
  - c. Body Mass Index (BMI) : \_\_\_\_\_
14. History of following ailments
  - a. Cough, Asthma, Pneumonia, Pleurisy, Tuberculosis, Spitting of blood : \_\_\_\_\_
  - b. Appendicitis, Jaundice, Dysentery, Piles, Diarrhea, Kidney Trouble, Diabetes : \_\_\_\_\_
  - c. Typhoid, Malaria, Dengue : \_\_\_\_\_
  - d. Fits, Paralysis, Rheumatism, Pyorrhoea, Syphilis, Hernia : \_\_\_\_\_
15. Heart
  - a. Pulse, rate and character : \_\_\_\_\_
  - b. Blood Pressure, Systolic, Diastolic : \_\_\_\_\_

16. Lungs : \_\_\_\_\_

17. Digestion  
a. Tongue – teeth & gums : \_\_\_\_\_

b. Liver, Spleen, Tonsils : \_\_\_\_\_

18. a. Marks of skin disease on skin surface : \_\_\_\_\_

b. Glands : \_\_\_\_\_

c. Physical defects : \_\_\_\_\_

19. Allergy (if any) : \_\_\_\_\_

20. Nervous System  
a. Any indication of Vertigo, Epilepsy, Paralysis: \_\_\_\_\_

b. Headache & other Neuralgic infection : \_\_\_\_\_

c. Eyes : Glasses, Color blindness : \_\_\_\_\_

d. Deafness or discharge from ears : \_\_\_\_\_

21. Accidents/Surgery : \_\_\_\_\_

22. Personal History :  Smoking  Tobacco  Alcohol/Beer

23. Family History :  Thalassemia  Hypertension

Tuberculosis  Diabetes

24. R E M A R K S : \_\_\_\_\_

\_\_\_\_\_

Signature of Medical Officer

Date : \_\_\_\_\_