

JANESA INSTITUTE OF HEALTH AND ALLIED SCIENCES (JAIHAS)

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STUDENT'S MEDICAL EXAMINATION FORM

To the Medical Officer:

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REF: Mr/Mrs/Miss

PERSONAL HISTORY

Surname Other names

Adm. No.....

Faculty / Department

Nationality..... Age..... Sex..... Marital Status.....

Please examine the above named as to his/her fitness for undergoing the studies.

Signature: Date 20.....

PAST MEDICAL HISTORY

Any experience of loss of consciousness YES/NO If Yes treatment.....

Any neurological deficit YES/NO, If Yes specify..... Treatments

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Any experience of Fits/Convulsion YES/NO, If Yes treatments

CHRONIC ILLNESSES

Diabetes Mellitus YES/NO, If Yes when diagnosed

Current status: On diet On medication On insulin Not controlled

Cardiovascular conditions YES/NO, If Yes specify

Asthma YES/NO, If Yes how many attacks per months

Any mental illness YES/NO, If Yes On medications Not on medications

Any allergy YES/NO, If YES specify

Tuberculosis YES/NO If Yes Cured On treatment Not on treatment

Leprosy YES/NO, If Yes Treated On treatment Not on treatment

Any other chronic disease(s)

PHYSICAL EXAMINATION

1. Height Weight.....

2. Chest – Lungs.....

Heart

BP

3. Abdomen

Organs

Other Mass

Pregnancy

4. Skin disease

5. Eyes: Conjunctiva

Pupils

Sight: without glasses Right Left

Sight: With glasses Right Left

6. ENT.....

INVESTIGATIONS

ESR WBC B/S Stool..... Urinalysis.....VDRL

Any Physical disability of the Prospective student plus the Doctors recommendations

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CONCLUSION

I have examined Mr./Mrs./Miss.....and considered that he/she is **fit/not** fit to be enrolled as a student at JAIHAS.

Name

Signature.....

Title Designation

Date

(Official Stamp)

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This form must be filled with a registered medical officer