SAINT ALVIN INSTITUTE OF HEALTH AND ALLIED SCIENCES (SAIHAS)

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Affix one recent photo

MEDICAL EXAMINATION REPORT

PART I: PERSONAL PARTICULARS (To be filled by the applicant)

SUR NAME: ……. AGE: …… SEX: ……

OTHER NAMES: …….. MARITAL STATUS: ……....

COURSE OF STUDY: ……...

PARTS II -V (**To be filled by a medically qualified and registered Clinician)**

PART II: PERSONAL HISTORY

Are you suffering or have you suffered from any of the following? Indicate YES or NO.

1. Tuberculosis: ……
2. Asthma: ……
3. Rheumatic fever: ……..
4. Allergic disorder : ……....
5. Heart disease : ……..
6. Gastric or duodenal ulcers:……
7. Jaundice: ……...
8. Dysentery: ……
9. Varicose vein:……...
10. Kidney disease: ……
11. Diabetes: ……..……..
12. Epilepsy: ……..……
13. Deformity: ……..
14. Mental Illness: ……
15. Eye disorder: ……..
16. Ear, Nose or Throat Disorder: ……
17. Skin disease: ……...
18. Anemia: ……
19. Gynecological disorder: ……
20. Any other serious disorder (specify):

……..

PART III: PHYSICAL EXAMINATION.

1. Height (cm): ……..
2. Skin: ……...……
3. Weight (kg): ……..……..
4. Eyes:
   - Conjunctivae: ……..…….
   - Pupils: ……...…
   - **Vision**: Without glass: Right: …….
     Left: ……..
     With glasses: Right: ……
     Left: …….
5. Ears (state if there is any discharge): …….
6. Mouth and throat: ……...
7. Nose: ……
8. Any abnormality: …….
9. Cardiovascular system:
   Blood pressure: Systolic ……..
   Diastolic: …….
   Heart: Any Mummer? …….
   Arteries and Veins: ……
10. Respiratory system: Lung fields:…….
11. Abdomen: ……

PART IV: LABORATORY INVESTIGATION.

1. Urine:
   - Albumin: …….
   - Sugar: ……..
   - Leucocytes: ……
   - Schistosoma: ……...
2. Stool: Special emphasis on
   - Hookworm or Schistosoma
3. Blood Examination:
   - Hb level: ……
   - Neutrophils: ……...
   - Eosinophils: ……...
   - Basophils: ……..
   - Lymphocytes: ……
   - Monocytes: ……....
   - ESR: ……..
4. X-ray Examination-Chest
   (Include Radiologist's report)
5. Serology:
   VDRL: ……Widal Test: ……
6. Pregnancy Test (UPT) for Females
   ……..

PART V: CONCLUSION

I have examined Mr/Miss/Mrs: …….and consider that he / she is physically and mentally fit / not fit to the Institute for studies.

Date: …… Signature: ……..

Name: …….. Title: …….

Qualifications: …… Official STAMP

Address: ……...……