

MEDICAL HISTORY

(This Certificate must be filled up and signed by the Parent/Guardian before the Medical Board. The concealment of information about past or present illness will be regarded as breach of contract and may lead to disqualification of candidature)

Name.....No.....Age.....Blood Group.....

1. Has he had
 - a) Chicken Pox if so, When?
 - b) Small Pox if so, When?
 - c) Rubella (German Measles)..... if so, When?.....
 - d) Measles..... if so, When?.....
 - e) Mumps..... if so, When?.....
 - f) poliomyelitis..... if so, When?.....
 - g) Whooping Cough..... if so, When?.....
 - h) Rheumatic Fever..... if so, When?.....
 - j) Typhoid Fever..... if so, When?
 - k) Any other infectious disease..... If so, When?
2. Has he been successfully immunized against :
 - a) Tuberculosis..... if so, When?.....
 - b) Diphtheria..... if so, When?
 - c) Tetanus..... if so, When?
 - d) Whooping Cough.....if so, When?.....
 - e) Polio myelitis..... if so, When?.....
 - f) Measles.....if so, When?
3. Has he had :
 - a) Fits..... if so, When?.....
 - b) Ruptured ear drums.....if so, When?.....
 - c) Any abnormal discharge from ears?.....
..... if so, When?.....
 - d) Asthma.....if so, When?.....
4. Has he undergone any surgical operation? If so, give details and dates.
5. Has he had any other serious illness? If so, give details.
6. Does he suffer from any diseases or constitutional peculiarity affecting general health, vision, hearing etc?
7. Are his teeth in good order?
8. Is he in your opinion fit in all respects for ordinary school life?
9. Does the boy wear glasses? (If so, the prescription may be attached to this proforma)
10. Is there any other information that you think the examining doctor should have?

Certified that the information given above are true to the best of my knowledge and belief.

Dated:

Parent/Guardian

Note: You are required to produce Laboratory Investigation report of Blood – Routine Exam - HB, TC, DC, ESR, Blood Group and Urine Routine - Albumin, Sugar, Deposits.