

CONFIDENTIAL
(When filled)

SAINIK SCHOOL KAZHAKOOTAM
MEDICAL EXAMINATION REPORT ON ENTRY

MEDICAL EXAMINATION HELD AT _____

- (1) Name in Full _____ (2) Roll No. _____
- (3) Date of Birth _____ (4) Blood Group : _____
- (5) Sex: M/ F
- (6) Permanent Address:
- (7) Identification Marks : (a) _____
(b) _____

PERSONAL STATEMENT

(8) FAMILY HISTORY						
Relation	If alive			If Expired		
	Age (yrs)	Health		Cause of Death	Died (yrs)	
Father						
Mother						
Brother / Sister						
Any family History of	Hypertension	Heart disease	Diabetes	Bleeding Disorders	Psychiatric disorders	Night Blindness

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(9) PERSONAL HISTORY – Has your son/ward ever suffered from any of the following illness / conditions?

Illness	(Yes / No)	Illness	(Yes / No)
Chronic Bronchitis / Asthma		Discharge from ears	
Pleurisy/ Tuberculosis		Any other Ear Disease	
Rheumatism/ Frequent Sore Throats		Frequent Cough & Cold/ Sinusitis	
Chronic Indigestion		Nervous Breakdown/ Mental Illness	
Kidney/ Bladder trouble		Fits/ Fainting Attacks	
SID		Severe Head Injury	
Jaundice		Night Blindness	
Air, Sea, Car, Train sickness		Laser treatment/ Surgery for Eye	
Trachoma		Any other Eye disease	
Have you ever been rejected as medically unfit for any previous Sainik School selection			Y / N
Have you ever been declared to medically unfit by any authority			Y / N
Have you ever been admitted in hospital for any illness, operation or injury			Y / N
If so, state the nature of the disease and duration of stay in hospital			
Any other information you give about your health			
Thereby declare that I have answered as fully as possible all the questions about my family and personal health and that the information given is true to the best of my knowledge			

Signature of Medical Officer
Date:

Signature of Parent/ Guardian

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