|  |  |
| --- | --- |
| Name: | Aadhar Card No. |
| Father name: | Date of Birth |
| Mother Name: | Date of Medical Exam |
| ***Physical Measurements*** |
| Height(cms): | weight(kg): | waist(cms): |
| BP: | pulse: | BMI: |
| ***Past Medical history*** |
| Hypertension: | Diabetes: | Asthma: | Chickenpox: |
| Heart Disease: | Dyslipidemia: | Tuberculosis: | Epilepsy: |
| Allergies: others |
| ***Personal history*** |
| Smoking:yes/ no | Alcohol yes/ no | Brisk Physical Activityroutine/negligible |

***BBSB Armed Forces Preparatory Academy***

***Candidates Medical Examination Report***

On Going Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***General Physical Examination*** |
| Built:  | Nutrition: |  |
| \*\*Knee Knocking: | \*\*Flat Foot: |  |

\*\* - Mandatory Remarks

|  |
| --- |
| ***System Examination*** |
| Chest: | CVS: | CNS: |
| Refraction: | \*\*Ishihara Color Blindness Test : |
| Eye Sight Status: |  |
| HIV Test Report: |  |

\*\* - Mandatory Remarks

|  |
| --- |
| ***Investigations:*** |
| Hb: TLC: FBS/RBS: |
| Urine Analysis: |
| Chest X-Ray : |

|  |  |
| --- | --- |
| ENT Exam: Hearing Status |  |
| Nose |  |
| Throat |  |
| Dental Exam: |  |

|  |
| --- |
| Overall Remarks of Civil Surgeon/ Hospital Incharge: |
| Recommendations: |

Signature and stamp of examining

Medical Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgical Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENT Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Other Experts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Countersignature