|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 Activity  routine/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