

BBSB Armed Forces Preparatory Academy Candidates Medical Examination Report

Name:		ID:	
Father name:		dob	
Mother Name:		date	
<i>Nursing Assessment</i>			
Height(cms):	weight(kg):	waist(cms):	
BP:	pulse:	BMI:	
<i>past history</i>			
Hypertension:	Diabetes:	Asthma:	Chickenpox:
Heart Disease:	Dyslipidemia:	Tuberculosis:	Epilepsy:
Allergies:	others		
<i>personal history</i>			
Smoking: yes/ no	Alcohol yes/ no	Brisk Physical Activity routine/negligible	

On Going Symptoms: _____

<i>General Physical Examination</i>		
Built:	Nutrition:	
Knee Knocking:	Flat Foot:	

<i>System Examination</i>		
Chest:	CVS:	CNS:
Refraction:	Color Blindness:	
Eye Sight Status:		
HIV Test Report:		

<i>Investigations:</i>		
Hb:	TLC:	FBS/RBS:
Urine Analysis:		
Chest X-Ray		

ENT Exam: Hearing Status	
Nose	
Throat	
Dental Exam:	

Overall Remarks:

Recommendations:

Signature and stamp of examining

Medical Specialist: _____

Surgical Specialist: _____

Eye Specialist: _____

ENT Specialist: _____

Any Other Experts : _____

Countersignature