TATA INSTITUTEOF SOCIAL SCIENCES
DEONAR, MUMBAI 400 088

MEDICAL REPORT BY GOVERNEMENT REGISTERED MEDICAL PRACTITIONER

Registration No.:_____ Programme:_____
Name:_____ Age:_____ Sex:_____ Marital Status: Single / Married / Separated / Divorced

Family Status / Disease	Diabetes	Hypertension	Heart	Asthma	Any Other	Remark

Past History	Typhoid	Jaundice	Tuberculosis	Orthopaedic	Any Operation	Psychological Problem	Skin Disease	Thyroid: Hypo / Hyper

Personal History	Smoking	Alcohol	Allergies	Menstrual History	Remarks

Mark of identification_____

Treatment of any sort being taken at past and present_____ with names of Medicines_____

P.T.O.

Declaration by Student:

- **All facts given above by me are true**
- **I have not suppressed any health-related information and am aware that in case any medical problem the Institute has the right to take necessary action based on medical advice**
- **I have no problem which will prevent me from completing the academic and field work requirements of the course.**

Name of Student:_____ Signature of Student:_____

USE FOR DOCTOR

Height:_____ Weight:_____ Pulse:_____ Blood Pressure:_____ Blood Group:_____

ENT	EARS		NOSE		THROT	
	Discharge	Hearing	Discharge	Sinuses	Tonsils	Necks Glands

EYES	Conjunctive Cornea	Vision			Symmetry	Resprate	Ronchi
		Near	Distance	Resp. System			

GIT	Liver	Spleen	Bowel Sounds	Inguinal Glands	Any Other	Neurological	Graft Joints	Deformities

Renal	Kidneys	Hemia	Hydrocele	CNS	Behavior	Relaxes	Cranial Nerves

Skin / Others_____ **Remarks:**_____

Reference Made: 1)	Blood Test		
2)	Counselor		

FIT / UNFIT

Signature:_____

Honorable Medical Officer