MEDICAL REPORT



MAKING LEARNING FUN

MEDICAL Report



STUDENTS MEDICAL EXAMINATION FORM

TO BE FILLED IN BY THE APPLICANT WITH THE HELP OF A CERTIFIED GOVERNMENT MEDICAL PRACTIONER

	PERSON	AL INFORMATION)		
Name	Date of Birth				
Phone Number		Email			
Address		Natio	nality		
City	Postal Cod	le Cour	try		
Sex Male	Female 🔵				
	RENT & GUAF	RDIAN INFORMATI			
Name	Phone Number				
HAVE YOU	HAD ANY OF	THE FOLLOWING	ILLNESSES)—	
	No Yes		No Yes		
Tuberculosis	\bigcirc \bigcirc	Mental Illness	0 0)	
Hepatitis A/B/C	\bigcirc \bigcirc	Epilepsy	\bigcirc \bigcirc)	
Diabetes	\bigcirc \bigcirc	Covid 19	\bigcirc \bigcirc)	
Heart Disease	\bigcirc \bigcirc	Poliomyelitis	\bigcirc \bigcirc)	
If the answer to a	ny of the above	is Yes, please give det	ails with dates	3	

MEDICAL Report

De ver have allergies? (If ver Specify)	
Do you have allergies? (If yes, Specify)	
Do you take medication on a regular basis ? (If yes, Specify)	
Do you have learning problems? (If yes, Specify)	
Do you have any special dietary requirements? (If yes, Specify)
Have you ever had any accident with mental or physical impair	rment?

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H	VE YOU	BEEN	IMMUNIZED AGA		
	No	Yes		No	Yes
Tuberculosis	\bigcirc	\bigcirc	Small pox	\bigcirc	\bigcirc
Covid 19	\bigcirc	\bigcirc	Measles	\bigcirc	\bigcirc
Poliomyelitis	\bigcirc	\bigcirc	Tetanus	\bigcirc	\bigcirc

DECLARATION

I hereby certify that the above information is correct and that I agree to undergo a medical checkup if required to do so. I also declare that I will be responsible for the consequences of my eligibility to the applied course for giving false medical information.

Date	Signature of applicant
Date	Signature of the parent or guardian

MEDICAL REPORT



EXAMINING MEDICAL OFFICER

TO BE COMPLETED BY A REGISTERED MEDICAL CENTRE, SIGNED AND STAMPED, SCANNED AND UPLOADED DURING APPLICATION

PATIENT I	NFORMATION
Name of the patient	Date of Birth
Blood pressure (mmHg)	Height(cm)
Weight(Kg)	Pulse rate

REQUIRED LABORATORY TESTS

	No	Yes	Dates	Doses
Tuberculosis	\bigcirc	\circ		
Whopping Cough	\bigcirc	\circ		
Tetanus	\bigcirc	\circ		
Poliomyelitis	\bigcirc	\circ		
Diphtheria	\bigcirc	\circ		
Hepatitis A/B & C	\bigcirc	\circ		
Diabetes	\bigcirc	\circ		

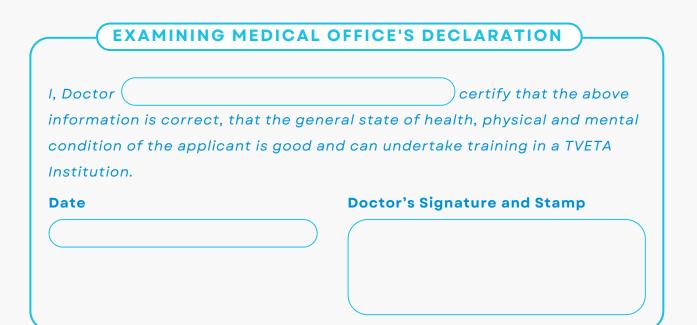
MEDICAL Report

	γου	R OBSE	RVATION ON THE FOLLOWING)
	No	Yes	Observation	
Mouth & Throat	\bigcirc	O(
Eyes & Ears	\bigcirc	\circ \subset		
Neck & Head	\bigcirc	\circ		
Skin Condition	\bigcirc	\circ		
Chests & Lungs	\bigcirc	\circ		
Heart	\bigcirc	\circ		
Blood Vessels	\bigcirc	\circ		
Digestive System	\bigcirc	\circ		
Nervous System	\bigcirc	\circ		
Skeletal System	\bigcirc	\circ		
Muscular System	\bigcirc	\circ		
Urinary System	\bigcirc	\circ		
Reproductive System	\bigcirc	\circ		
Others (Specify)	\bigcirc	\circ		
Other comments				

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