

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI**

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**MEDICAL EXAMINATION REPORT**

NAME OF THE CANDIDATE :

NAME OF THE COURSE :

ENTRANCE EXAMINATION :

ROLL NO :

ADDRESS OF THE  
CANDIDATE :

SESSION :

**INSTRUCTION FOR THE ACADEMIC SECTION**

**(To be followed now and during \_\_\_\_\_ academic period)**

**CHAIRMAN OF THE BOARD**

Date:

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI**

**CANDIDATE'S STATEMENT AND DECLARATION**

The candidate must make the statement below prior to his Medical Examination and must sign the Declaration appended there to. His attention is specially directed to the warning contained in the note below: -

- 1 Name of the Candidate : \_\_\_\_\_  
(in Block letter)
- 2 Age & DOB : \_\_\_\_\_
- 3 Marital Status : Single / Married / Widow/ Widower
- 4 Any past Medical or Surgical : \_\_\_\_\_  
illness
- 5 Medication history : \_\_\_\_\_
- 6 Any family history of : \_\_\_\_\_  
tuberculosis, diabetes mellitus,  
hypertension, allergic disorders  
gout, excessive bleeding
- 7 Are you allergic to any : \_\_\_\_\_  
substance/ drug
- 8 Have you been immunized against the mentioned disease please give date of vaccination
  1. Small Pox : \_\_\_\_\_
  2. Polio : \_\_\_\_\_
  3. Diphtheria : \_\_\_\_\_
  4. Tetanus : \_\_\_\_\_
  5. Tuberculosis : \_\_\_\_\_
  6. Others : \_\_\_\_\_

All the above answers are to the best of my belief, true and correct.

**Candidate's Signature**

**Note:**

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- The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information will incur the risk of losing the admission.
- Please put your name on all the pages indicated.

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**Name of the**

**Candidate:** \_\_\_\_\_

**I. General Physical Examination:**

- a. General development: Good/Fair/Poor
- b. Height (in cms):
- c. Weight (in Kgs):
- d. Temperature:
- e. Girth of Chest:
  - i. After full inspiration:
  - ii. After full expiration:
- f. Pallor:
- g. Icterus:
- h. Cyanosis:
- i. Clubbing:
- j. Lymph nodes:
- k. Edema:
- l. Oral hygiene:

**II. Ophthalmology Examination:**

- a. Visual Acuity:

Acuity of Vision	Without Glasses	With Glasses	Power of Glasses		
			Spherical	Cylindrical	Axial
Distant Vision R.E.					
L.E.					

- b. Conjunctiva:
- c. Cornea:
- d. Eyelids:

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**Name of the**

**Candidate:** \_\_\_\_\_  
\_\_\_\_\_

e. Fundus examination:

**Comment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Ophthalmologist

**III. ENT Examination:**

a. Ear:

i. Right Ear –

ii. Left Ear –

b. Nose:

c. Throat:

**Comment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Otorhinolaryngologist

**IV. Systemic Examination:**

a.	Cardiovascular System	:	
b.	Respiratory System	:	
c.	Central Nervous System	:	

**Comment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of General Physician

**V. Surgical Examination:**

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a.	Per Abdomen	:
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**Name of the**

**Candidate:** \_\_\_\_\_

b.	Any Other Swellings	:	
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Comment: \_\_\_\_\_

\_\_\_\_\_

Signature of General Surgeon

**VI. Gynaecological Examination: (applicable for female candidates only)**

a.	Menstrual History	:	
b.	Any significant Findings	:	

Comment: \_\_\_\_\_

\_\_\_\_\_

Signature of Gynaecologist

**VII. Psychological evaluation**

a.	Adjustment	:	
b.	Emotional Problems	:	
c.	Substance abuse	:	
d.	Psychotic disorder (if any)	:	

Comment: \_\_\_\_\_

\_\_\_\_\_

Signature of Psychiatrist

**VIII. Lab Investigations**

- a. RBS:
- b. Urine Findings:
  - i. Appearance –

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- ii. Color –
- iii. Albumin –
- iv. Sugar –
- v. Microscopy –

**Name of the**

**Candidate:** \_\_\_\_\_

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**FINAL ASSESSMENT OF THE BOARD**

(The Board should record their findings under one of the following three categories)

- i. Fit for pursuing the course/appointment:

\_\_\_\_\_

\_\_\_\_\_

- ii. Unfit for pursuing the course/ appointment on account of:

\_\_\_\_\_

\_\_\_\_\_

- iii. Temporarily unfit on account of:

\_\_\_\_\_

\_\_\_\_\_

1 Chairman :

2 Member (Physician) :

3 Member (Surgeon) :

4 Member (Ophthalmologist) :



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5 Member :  
(Otorhinolaryngologist)

6 Member (Gynaecologist) :

7 Member (Psychiatrist)

Date: