

# SOUTH INDIA BIBLICAL SEMINARY

Saved to Serve



Post Box 20, Anandagiri, Bangarapet - 563 114,

Kolar Dist. Karnataka, India

Accredited by the Asia Theological Association

## MEDICAL ASSESSMENT FORM

Name \_\_\_\_\_

Sex \_\_\_\_\_

Date of birth \_\_\_\_\_

Blood Group \_\_\_\_\_

General: ENT \_\_\_\_\_

Eyes \_\_\_\_\_

Skin \_\_\_\_\_

Skeletal \_\_\_\_\_

CVS \_\_\_\_\_

R. S. \_\_\_\_\_

Abdomen \_\_\_\_\_

CNS \_\_\_\_\_

### Family History:

Blood dyscrasia \_\_\_\_\_

Diabetes \_\_\_\_\_

Hypertension \_\_\_\_\_

Asthma \_\_\_\_\_

### Fast:

Jaundice \_\_\_\_\_

Operations \_\_\_\_\_

Fits \_\_\_\_\_

Log term treatment \_\_\_\_\_

Allergy to any drugs \_\_\_\_\_

Intolerance or Allergy to any food \_\_\_\_\_

### Laboratory Reports:

Hemoglobin \_\_\_\_\_

Serology \_\_\_\_\_

Urine \_\_\_\_\_

Stool \_\_\_\_\_

Chest X-ray Screen \_\_\_\_\_

Immunization (give dates) Must be taken prior to admission.

Typhoid \_\_\_\_\_ Tetanus \_\_\_\_\_ Cholera \_\_\_\_\_

Any previous treatment & recommendation: \_\_\_\_\_

A candidate who does not disclose previous treatments may be discontinued.

Date: \_\_\_\_\_

\_\_\_\_\_

(Signature of the Doctor)

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

