

# Students personal Medical Report

## Jamiah Naleemiah – Beruwala, Sri Lanka

1. Name: .....
2. Date of birth: .....
3. Height: .....
4. NIC No: .....
5. Tel No: .....
6. Family Details: Father / Mother (Guardian): .....
7. Parents alive or not: .....
8. Details of Siblings (Brothers / Sisters):  
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.....  
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.....  
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### Contact in case of emergency

Name: .....

Relationship: .....

Address: .....  
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District: .....

Contact No: .....

## Past Medical History

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## Medicine which are using currently

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## Family Diseases

Allergies	<input type="checkbox"/>	Diabetes Diseases	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Heart Diseases	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Kidney Diseases	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	Blood disorder	<input type="checkbox"/>
Neurological Disorders	<input type="checkbox"/>	Others	<input type="checkbox"/>

## Physical Examination

Height:	.....	RR:	.....
Weight:	.....	PR:	.....
BP:	.....		

- ✓ Eyes & Ears: .....
- ✓ Nose & Sinuses: .....
- ✓ Mouth: .....
- ✓ Neck, Nodes & Thyroid: .....
- ✓ Heart & Lungs: .....
- ✓ Any other Diseases .....

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Doctor's Name & Official Stamp

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Date