



JAMIAH NALEEMIAH

Students Personal Medical Report

Part I:

To be filled by the student /இப்பகுதி மாணவரால் நிரப்பப்பட வேண்டும்

Personal Details:

- Name:
- Date of Birth:
- Age: • NIC No:
- Tel No (Mobile):
- Home Address:
.....

Contact in case of Emergency:

- Name:
- Relationship:
- Address:
.....
- Contact No(Land):..... • (Mobile):.....

Family Medical History:

Please indicate the health status of your immediate family members:

Family Member	Age	Alive (State of Health if ill, mention illness)	Dead / Age at Death	Cause of Death
Father				
Mother				
Brother(s)				
Sister(s)				

Past Medical History (Student) பழைய மருத்துவ அறிக்கைகளின் படி:

● Have you suffered from any of the following infectious diseases?

- Mumps (Yes/No):
- Measles (Yes/No):
- Polio (Yes/No):
- Rubella (Yes/No):
- Infective Hepatitis (Yes/No):
- Cough (Yes/No):
- Chicken Pox (Yes/No):
- Tetanus (Yes/No):
- Diphtheria (Yes/No):

● Worm Infestation:

- Filarial (Yes/No):
- Others (Yes/No): (If yes, please specify):
.....

● Tropical Diseases:

- Malaria (Yes/No):
- Amoebic Dysentery (Yes/No):
- Bacillary Dysentery (Yes/No):
- Others (Yes/No): (If yes, please specify):.....

● ENT (Ear, Nose, Throat): .

- Ear Infections (Yes/No)

● EYE:

- Short Sight (Yes/No):
- Long Sight (Yes/No):

● Surgical History:

- Fractures (Yes/No):
- Operations (Yes/No): (If yes, please specify and date):
.....

● Immunizations:

- Have you been vaccinated against diphtheria, tetanus, whooping cough, polio, typhoid, T.B (B.C.G)? (Yes/No):

● Stresses: Have you any problem? (Yes/No): If yes, please describe):

.....
.....

● Miscellaneous:

- Attempted suicide (Yes/No)
- Diabetic (Yes/No):
- Alcohol/Drugs (Yes/No)

● Disability: Do you believe that you have a disability that in any way requires you to receive special consideration from the Jamiah? (Yes/No):

- If so, please indicate the type of disability and give a brief description below:

○
.....

- Known allergies
 - Food:
 - Drugs:
 - Plaster:
- If known allergic history type of allergy
 - Itching, Rash
 - Difficulty in breathing, Wheezing
 - Chest pain, Faintishness
 - Vomiting, Loose stools, abdominal cramps

Medicine which are using currently:

.....

Family Diseases:

Please mark any of the following family diseases you are aware of:

- | | |
|--------------------------|---------------------|
| ● Allergies | ● Diabetes Diseases |
| ● Arthritis | ● Heart Diseases |
| ● Asthma | ● Kidney Diseases |
| ● Hypertension | ● Blood disorder |
| ● Neurological Disorders | ● Others |

- (Please specify):

I certify that the information furnished by me is true and accurate.

Date:

Signature of Student:

Part II:

For Use of Medical Officer (To be completed by an MBBS qualified medical officer, signed and stamped)

Physical Examination:

Measurement	Value
Height: cm
Weight: kg
Chest Circumference:	Full Inspiration: cm
	Full Expiration: cm
Abdominal Girth:	At Naval: cm
	At Hip Crest: cm

BP:
RR (Respiratory Rate):
PR (Pulse Rate):
Heart Rate:

Systemic Examination:

01. Cardiovascular System:

- I. Past history of heart disease:
- III. Any Murmurs:

02. Nervous System:

- I. Any traces of paralysis, convulsions, insanity or inebriety observable:
.....
- II. Are all jerks normal?
.....
- III. Are both pupils normal and react to light?
.....

03. Digestive System:

- Teeth:
 - Decayed Missing: ☐
 - Dentures: ☐
 - Gingivitis: ☐
- II. Oral Hygiene:
.....

- **Abdomen:**

- I. Any evidence of enlargement of liver or spleen:

.....

- II. Whether subject to haemorrhoids:

.....

- III. Hernia orifices:

.....

- IV. Genitalia:

.....

- V. Any other abnormalities:

.....

04. Extremities and Skin:

- I. Scars from operation, surgeries:

.....

- II. Varicose veins or any affection of the skin:

.....

- III. Any bone or joint abnormalities:

.....

05. Respiratory System:

- I. Past history of TB, Bronchitis or Asthma:

.....

- II. Special Test for TB:

- a. Mantoux test:

.....

- b. Chest X-Ray:

06. Eyes:

	Right	Left
I. Normal Vision
II. Corrected Vision
III. Colour Vision

07. ENT (Ears, Nose & Throat):

- I. Hearing:

- R/Ear:

- L/Ear:

- II. Speech:.....

08. History of Vaccination:

- Have you been vaccinated against the following: Tuberculosis (BCG), Diphtheria, Tetanus, Polio, Smallpox, Typhoid, and COVID-19?.....
- Vaccination Completed and up to date / Incomplete:

09. Laboratory Investigations:

- Blood group & Rh:
- Urine Full Report (UFR):
- Hb%:

Any other Diseases/Abnormalities observed during physical examination:

.....
.....
.....

10. Referral:

- Referrals to specialists regarding any medical conditions: if so;
 - Medical conditions:
 - Specialists:

11. Fitness:

I have carried out full medical examination on Mr..... and
based on the results of my examinations, Investigations and medical history of the applicant I am in
the opinion that the applicant is **fit to follow the studies / not fit the studies** due to

.....
.....

Date:

.....

Signature of the Medical Officer

Official Stamp