

MEDICAL EXAMINATION CERTIFICATE

Name..... Father's Name.....

Family History.....

Previous History.....

Heart	:	Throat	:
Blood Pressure	:	Teeth	:
Lungs	:	Hearing	:
Abdomen	:		
Eye Sight - Right	:		
- Left	:		

Urine	Reaction	Albumin	Sugar	Microscopic
	_____	_____	_____	_____

Stool:

Blood Examination	:	Menstrual History: Regular / Irregular
Haemoglobin	:	Flow: Excess / Normal
RH Factor	:	
Report on Chest X-Ray	:	

INOCULATIONS

B.C.G.	Date:
T.A.B.	Date:
Cholera	Date:

Date:

Signature and Stamp of Doctor