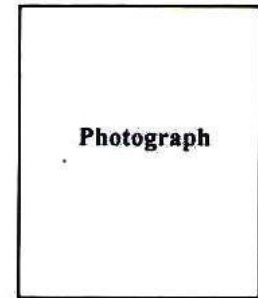


**(MEDICAL CHECKUP FORM)
MBBS/BDS COURSE**

Dated: _____



Full Name (in Capital) :

Father's Name :

Permanent Address :

Date of Birth (in words) :

(in figure) :

By Physician:

General Examination:

Appearance	Weight	Height
Skin	Pulse	
Anemia	B.P	
Jaundice		
Oral Cavity		
Lymph Nodes		
Nails		
Spine		
C.V.S.		
Respiratory System		
Abdomen		
C.N.S.		
X-ray Chest (PA view)		

Remarks

Fit/Unfit

Signature
(with Seal & Date)

By Ophthalmologist:

V/A
using/not using glasses
Color vision
Fundus

Remarks

Fit/Unfit

Signature
(with Seal & Date)

Countersigned by C.M.O./M.O./ C.M.O. (U.H.S)/ Incharge, Govt. Hospital
(with Seal & Date)