

RV COLLEGE OF ENGINEERING
RVCE BOYS HOSTEL
MEDICAL FITNESS FORM

(TO BE COMPLETED BY THE CANDIDATE ON ADMISSION TO RVCE HOSTEL)

1. Full Name (BLOCK LETTERS).....

2. Course of Study: BE/ MTech/MCA

3. Duration of Study.....

4. Hostel Room No.....

5. Mobile No.....

6. E-mail Id.....

7. Date of Birth.....

8. Sex.....

9. Permanent Address and Phone No. of Parents

10. Permanent Address and Phone No.of Local Guardian



Candidate's Statement / Declaration

This information is collected for the benefit of the students during the stay in the campus.

1. Personal history : abuse of substances
(alcohol/ tobacco/drug/any other substances)

2. Past medical / surgical records :No/ Yes

- 2.1 Allergies / Bronchial asthma
- 2.2 Abdomen/including urinary tract & G.I. tract
- 2.3 Locomotor system (spinal/vertebral column/joints)
- 2.4 Diabetes
- 2.5 Skin
- 2.6 Hepatitis
- 2.7 Cardiovascular system
- 2.8 Neurological disorders/ psychological disorders

3. Family history of any major illness (To be specified) :

4. Identification Marks:

- a.
- b.

5. Blood group :

I hereby declare that all the above answers are to the best of my knowledge true and correct.

I fully understand that I will be held responsible for the accuracy of the above statement.

Date :

Place :

Candidate's Signature :

Signature of the Parent / Guardian :

HEALTH CERTIFICATE
(TO BE COMPLETED BY A PHYSICIAN)

I, undersigned, Dr..... after the examination
(with necessary investigations)of born on
.....

certify :

- Weight:.....kg. Height:.....cm. Blood pressure:..... mm / Hg.
- Girth of Chest: (a) at rest..... (b) after deep inspiration.....
- Cardiovascular System : Heart.....
- Neurological System :
- Psychological disturbance : Yes / No If yes specify.....
- Respiratory System :
- Past medical or surgical record :
- Identified allergies :
- Current treatment / medication :
- **Current vaccination status** : (At least one adult booster dose of all these vaccinations are recommended.)

VACCINATION AGAINST DISEASES	1° injection		Last booster	
	Date	Yes/No	Date	Yes/No
Measles, Mumps, Rubella				
Hepatitis B				
Hepatitis A				
Meningitis				
Typhoid				
Chicken pox				

INVESTIGATIONS -

1. Complete blood count
2. ESR
3. Fasting blood sugar
4. Chest X Ray PA view
5. Urine routine

Conclusion by Doctor:

Remarks/ special recommendation if any for this person's health care:

Date:
Place:

Medical officer Signature