

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
MANGALAGIRI, ANDHRA PRADESH**

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MEDICAL EXAMINATION REPORT

NAME OF THE CANDIDATE : _____

NAME OF THE POST/DESIGNATION : _____

ENTRANCE EXAMINATION : _____

DEPARTMENT : _____

EMPLOYEE ID : _____

ADDRESS OF THE CANDIDATE : _____

CHAIRMAN OF THE BOARD

Date:

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement below prior to his/her Medical Examination and must sign the Declaration appended there to. His attention is specially directed to the warning contained in the note below:-

- 1 State your Name :
(in Block letter)
- 2 Age / Gender :
- 3 Birthplace :
- 4 Single / Married / Widow/ Widower :
- 5 Name the disease you have :
suffered in the past:
- 6 Are you being treated for any :
disease at present
- 7 Have any of your near relation been
affected with insanity tuberculosis,
diabetes mellitus, allergic disorders gout,
excessive bleeding :
- 8 Are you allergic to any substance/ drug:
- 9 Have you been immunized against the mentioned disease
 1. Polio : Yes/No
 2. Diphtheria : Yes/No
 3. Tetanus : Yes/No
 4. Tuberculosis : Yes/No
 5. COVID : Yes/No
 6. Others : Yes/No

All the information provided above is true to the best of my knowledge and belief.

Candidate's Signature

Report of the Medical Board on

Name of the candidate:

1. GENERAL MEDICINE

1. Height (Without shoes)_____cm Weight _____kg and Body temperature _____
Blood pressure_____ Pulse rate_____respirations_____SpO₂_____
Chest circumference : After Full Inspiration_____cm, Full Expiration_____cm
2. Respiratory system: _____
3. Circulatory system: _____
4. Nervous system: _____
5. LocoMotor System:_____
6. Skin:(any obvious disease)

Investigations:

ECG (pl attach) - date-_____ Please mention abnormality if any

Hematology, Blood Sugar /Urine analysis report(to be attached):

Blood group & Rh factor

Report of screening chest Radiograph (no-_____date-_____)

Remarks

(Name & Signature of the Faculty, Medicine)

2. OPHTHALMOLOGY

1. Any disease : Yes (mention)/ No _____
2. Defect in colour vision: Normal/ Abnormal (mention)
3. Field of vision: Normal / Abnormal (mention)
4. Visual activity: _____

	Acuity of Vision	Without glass	With Glass
Near Vision	Right Eye Left Eye		
Distant Vision	Right Eye Left Eye		

Remarks

(Name & Signature of the Faculty, Ophthalmology)

3. ENT Dept.

Hearing: _____

Right Ear: _____ Left Ear: _____

Glands: _____ Thyroid: _____

General condition of teeth & Oral cavity _____

Remarks

(Name & Signature of the Faculty, ENT)

4. GENERAL SURGERY

Abdomen: Tenderness _____ Hernia _____

Palpable: Liver: _____ Spleen: _____ Kidneys: _____

Any Others _____

Genito Urinary System : Hydrocele _____ Varicocele _____

Hemorrhoids _____ Fistula _____ Varicose Vein _____

Lymphadenopathy (Palpable) _____

Remarks

(Name & Signature of the Faculty, Surgery)

5. OBSTETRICS & GYNAECOLOGY

Gynecologic history and examination(for female candidates):

Status: Single/ Married

Age at menarche: yrs

History of Polycystic ovarian syndrome(PCOS): yes/no

Last visit to gynaecologist and reason of visit: yes/no

Last whole abdominal ultrasound done & indication: yes/no

Past history of Tuberculosis / intake of ATT: yes/no

Past history of gynaecologic surgery/intake of chemotherapy: yes/no

Menstrual cycle:

Length: _____ Duration of flow: _____ Regularity: _____

Associated dysmenorrhoea:

Last menstrual period (LMP):

Examination: 1)lymphadenopathy/scars/other deformities:

2)Breasts and axilla for any evidence of Mass/abnormal discharge:

3)Abdomen examination

Remarks

(Name & Signature of the Faculty, O&G)

6. PSYCHIATRY:-

- Adjustment:
- Emotional Problems:
- Substance Abuse:
- Psychotic disorder:

(Name & Signature of the Faculty, Psychiatry)

7. Referral to specialist department if any:

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Name of the Candidate: _____

FINAL ASSESSMENT OF THE BOARD

(The Board should record their findings under one of the following three categories)

(i). Fit for pursuing the course/appointment:- _____

(ii). Unfit for pursuing the course/ appointment on account of:- _____

(iii). Temporarily unfit on account of:- _____

CHAIRMAN (MS) : _____

MEMBER (HOD, MEDICINE) : _____

MEMBER (HOD, OPHTHALMOLOGY) : _____

MEMBER(HOD, ENT) : _____

MEMBER (HOD, SURGERY) : _____

MEMBER(HOD, OBG) : _____

MEMBER (HOD, PSYCHIATRY) : _____

DATE :