



అఖిల భారత వైద్య విజ్ఞాన సంస్థ మంగళగిరి, ఆంధ్రప్రదేశ్
అఖిల భారతీయ ఆయుర్విజ్ఞాన సంస్థానం, మంగలగిరి, ఆంధ్రప్రదేశ్
All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh.
(An Autonomous Institute under MoHFW, Govt. of India)

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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 : _____

Date:

Chairman of the Board

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:**

i. Height (Without shoes)_____ cm, Weight _____ kg,
Body temperature _____ Blood pressure _____
Pulse rate _____ respirations _____ SpO2 _____
Chest circumference: After Full Inspiration _____ cm,
Full Expiration _____ cm

ii. Respiratory system : _____

iii. Circulatory system : _____

iv. Nervous system : _____

v. LocoMotor System : _____

vi. 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- _____)

Remark:

(Name & Signature of the Faculty, Medicine)

2. **OPHTHALMOLOGY:**

- i. Any disease : Yes (mention)/ No_____
- ii. Defect in colour vision : Normal/ Abnormal (mention)
- iii. Field of vision : Normal / Abnormal (mention)
- iv. 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: i) lymphadenopathy/scars/other deformities:

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

iii) Abdomen examination

Remarks:

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

6. **PSYCHIATRY:**

• Adjustment :

• Emotional Problems :

• Substance Abuse :

• Psychotic disorder :

Remarks:

(Name & Signature of the Faculty, Psychiatry)

7. Referral to specialist department if any:

Name of the Candidate:

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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: