Consolata Seminary
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Medical Checkup Form: (To be filled by a medical doctor)

Name: ……..... Age: …….... Date of birth: ……...

Address: ……. Contact Number: ……

Personal information: [Please fill in the requisite information]

Pulse rate: ……

Blood pressure: ……

Heart rate: ……

Medical History of Patient:

Any history of prior illness: ……

1. Please check the following:

   Asthma: ……....

   Diabetes: ……..

   Stomach ulcers: ……....

   Chronic arthritis: ……

   Allergy: ……....

   Heart problems: ……....

   HIV: ……

2. Have you been on long term medication in the past? If yes, mention the name of medicines prescribed and ailment for which they had been prescribed.

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3. How often do you undergo a medical checkup? When was the last time you underwent a medical checkup? [Attach report]

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4. Are you allergic to any substance (Any food stuffs, etc)?

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5. Do you feel weakness and nausea frequently? When was the last time you had been hospitalized and for what?

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Doctor's name: ……. Signature……...

HOSPITAL STAMP: