

Panacea Medical Examination Form

Student Profile Details:

Name of the student :			
Father's Name :		Parent's Phone Number :	
Mother's Name :			
School Name :		Class :	
Aadhar card Number :		Arogyasree Number :	
Age :		Sex :	
		Blood Group :	
Address:			

Medical Information: (physical/Psychological Disorder)

Identification Marks (minimum 2 if possible)			
1.			
2.			
Routine Complaints:			
Known allergy to drugs:		Disability:	
Past history of major illness:			
Epilepsy :			
Asthma :			
Thyroid :			
TB :			
Leprosy :			
Any major injury &/ or operation :			
Any major prolonged illness :			
Any major Dental Surgery. If so indicate the nature :			

Family History:

HBSAG:		Diabetes:	
Heart Disease:		Tuberculosis:	
Thalassemia:		HIV/Cancer :	

General Examination:

Height :		Weight :	
Chest :		Vision ability :	
Color blindness:		Color of the eye :	

Systemic Examination:

Pulse :		Blood Pressure :	
Respiratory : (Chest screening)		Cardio Vascular System :	
Per Abdomen :		Central Nervous System :	

Investigations:

CBP :		HIV :	
RBS :		THYROID PROFILE :	
LFT :		CUE :	
CHEST -RAY (PA View) :		HBSAG :	

Doctor's:

Remarks :
Recommendation :

Name of the Medical Officer & Stamp**Signature & Date****Note:**

1. All Test are mandatory
2. All reports need to be attached with Panacea Medical examination form
3. Data need to be uploaded in school dashboard/panacea before joining the school

