

SAINIK SCHOOL BALACHADI
MEDICAL EXAMINATION REPORT

ROLL NO _____ NAME _____

FATHER'S
NAME _____

DATE OF BIRTH _____ DATE OF ADMISSION _____

PHYSICAL EXAMINATION

HEIGHT _____ WEIGHT _____

GENERAL CONDITION OF ADMISSION

Special Senses : (i) Eye Vision : Dist _____ RE _____ L

Near _____ RE _____ LE

Lids _____ Cornea _____

(ii) Ears _____ Discharges _____
Tonsils

Nose _____

Adenoids _____

Chest : General Conformation

Resp System : Expiration _____ Inspiration _____

Lungs _____

Pulse

Vascular System : Heart _____

Digestive System Teeth _____ Tongue _____

Gum _____ Abdomen _____

Nervous System Knee Jerks _____ Pupil reflexes _____

External Genitals

Genito Urinary System : _____
Urine Examination

Locometer Joints

System Bones _____

Muscles

Remark by **Medical Officer** _____

FIT / UNFIT

Date :

Sign of SMO
(with Office seal)