

Sri Sathya Sai Institute of Higher Learning

(Deemed to be University)

Vidyagiri, Prasanthi Nilayam – 515 134, Anantapur District, Andhra Pradesh

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SUBMIT THIS FORM ALONG WITH THE DULY FILLED-IN APPLICATION FORM

HEALTH RECORD

1. Name: _____ 2. Applicant Id No.: _____

3. Height: _____(cms) 4. Weight : _____(kgs) 5. Age: _____ 6. Blood Group: _____

7. Identification Marks :

7.1 _____

7.2 _____

8. Have you suffered from any of the following illnesses? If yes, furnish details regarding duration, medication, and present condition. (Put tick mark where applicable)

8.1. Skin lesions (Yes / No)

8.2. Tuberculosis (Yes / No)

8.3. Bronchial Asthma (Yes / No)

8.4. Chicken pox/Mumps (Yes / No)

8.5. Epilepsy (Yes / No)

8.6. Any other major illness [specify] _____

9. Have you been vaccinated for Hepatitis B ? _____

10. Does any one in the family suffer from the following diseases?

10.1. Diabetes (Yes / No)..... Father / Mother / Others (Put tick mark where applicable).....

10.2. Epilepsy (Yes / No) Father / Mother / Others (Put tick mark where applicable).....

10.3. Tuberculosis (Yes / No)..... Father / Mother / Others (Put tick mark where applicable).....

10.4. Cardiac Problem (Yes / No) Father / Mother / Others (Put tick mark where applicable).....

MEDICAL CERTIFICATE FROM THE FAMILY PHYSICIAN

This is to certify that I have examined Sri _____ thoroughly and found the above mentioned medical information to be true to the best of my knowledge.

Date: _____

Signature with Seal of the Physician