

GOVERNMENT MEDICAL COLLEGE :: KHAMMAM

STUDENT HEALTH CHECKUP FORM 2024-25

1. NAME: _____ **AGE:** _____

NEET RANK: _____ **HALL TICKET NO:** _____

2. IDENTIFICATION MARKS:

A.

B.

3. HISTORY OF PREVIOUS ILLNESS (if any)

4. MEDICAL EXAMINATION:

A. B.P:

B. Pulse:

C. General Check-up:

SIGNATURE WITH NAME OF THE PHYSICIAN

5. URINE EXAMINATION:

A. Albumin:

B. Sugar:

SIGNATURE WITH NAME OF THE BIOCHEMIST

6. SURGICAL EXAMINATION:

**A. General Check-up including
Deformations (if any)**

SIGNATURE WITH NAME OF THE SURGEON

7. OPHTHALMIC EXAMINATION:

A. Vision:

B. Color Visison (if any):

**SIGNATURE WITH NAME OF THE OPHTHALMOLOGIST
To be admitted**

PRINCIPAL