Student Health Performa

Arid No. _____ CNIC No. _____

Name:_____ Date of Birth: _____

Fathers Name:_____ Contact No. _____

Address:_____

_____

Program Enrolled: _____ Semester : _____

History:

	Yes	No		Yes	No		Yes	No
HTN	☐	☐	DM	☐	☐	TB	☐	☐
Asthma	☐	☐	Allergy	☐	☐	Hepatitis B	☐	☐
Hepatitis C	☐	☐	HIV	☐	☐	Drug abuse	☐	☐

Any surgery in past: _____

Blood group: _____

Vaccination for Hepatitis B

Examination:

BP:_____ mmHg Pulse:_____ /min Weight:_____ Kg Height:_____ cm

CVS:_____RespiratorySystem:_____

Abdomen:_____ CNS: _____

General: _____

Signature of Examiner Date of Examination

Official Stamp

PMDC No.