

GENERAL HEALTH PROFILING FOR SCHOOL STAFF AND STUDENTS

Name of School/Institution/Office: _____

Name of District: _____

Part-A (Basic Medical History to be filled by Staff Member/Student) BIODATA

i.	Name	
	Father Name	
ii.	Age (Date of Birth)	_____Years (D:___/M:___/Y:_____)
iii.	Gender	
iv.	Residential Address	
v.	Class	
vi.	Contact No. of Parent/Guardian	
vii.	ID #	

Signature of Staff Member/Student: _____

Part-B General Physical Examination (To be filled by Paramedic Staff/Doctor):-

i.	Overall General Physical Health on appearance	
ii.	Height	
iii.	Weight	
iv.	Blood Pressure	
v.	Temperature	
vi.	Pulse Rate	
vii.	Respiratory Rate	
Viii.	Any Obvious Structural Abnormality on Inspection	
ix.	Any Superficial Cuts, Needle Marks, or Burn Marks on skin	

Signature and Stamp of Doctor/Medical Professional (RMP): _____