

SIKKIM MANIPAL INSTITUTE OF MEDICAL SCIENCES5th Mile, Tadong, Gangtok, Sikkim -737102

(to be filled up by the candidate)

Name:	Permanent Address:
Male/Female:	
Date of Birth: __ / __ / _____	
Course:	Year:
Registration No:	Hospital No:

SELF DECLARATION

Personal Medical History (to be filled up by the candidate)

1. History of Epilepsy/Jaundice/Tuberculosis/Diabetes/Hypertension:
2. Any hearing problem/Vision Problem:
3. History of allergies:
4. Blood group if known:

(To be tested if not known)

Signature of the Student with date**MEDICINE: FOR THE USE OF MEDICAL OFFICER**

Height:	Weight:
General Examination:	
Pulse: BP:	CVS:
Respiratory:	
G.I. System:	
Neurological Examination	
Audiometry (Hearing)	

SURGERY: (FOR MALE STUDENT ONLY)

Hernial Site:
Any Deformity / abnormality:

GYNAECOLOGICAL EXAMINATION (FOR FEMALE STUDENT ONLY)

LMP:
Any Gynaecological Finding, hernia sites:

OPHTHALMOLOGY

Distant Vision:	RE:	LE:
Near Vision:	RE:	LE:
Colour Vision:	RE:	LE:

Signature :
Physician**Surgeon**
(For Male Student only)**Ophthalmologist****Gynaecologist**
(For Female Student only)**Remark : He / She is Medical fit / Unfit****HOD /Incharge MEDICINE**