



ASIA ANTIOCH SEMINARY

HEALTH STATEMENT

(To be filled up by a Medical Doctor with a minimum qualification of MBBS degree)

Applicant's Name _____ Age _____ Sex _____

1. Any Past Illness

Infectious disease _____ Malaria _____ Typhoid _____ Epilepsy _____

2. Family History

3. General Condition

Physique _____ Nutrition _____ Varicose Vein _____ Anemia _____

Height _____ Skin _____ Filariasis _____ Jaundice _____

Weight _____ Glands _____ Teeth & Gum _____

4. Respiratory System

Asthma _____ Chronic Bronchitis _____ Tuberculosis _____

5. Cardio Vascular System

Pulse _____ Blood Pressure _____ Heart _____

6. Nervous System

Mental Condition _____ Epilepsy _____ Seizures _____

7. Liver

Spleen

Growth/Tumor

8. Eye Sight

Distant Vision R _____ L _____

Near Vision R _____ L _____ Color Blindness _____

9. Hearing

Deafness _____

10. Investigation

Blood Group _____ Urine Sugar _____ Albumin _____ HIV _____

Do you consider that this applicant is physically fit to pursue his studies? Please state if you have any concern. _____

Doctor's Signature:

Name & Qualification _____ Position _____

Hospital/Clinic _____ Mobile _____

Address _____ E-mail _____