



# 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 \_\_\_\_\_