



Name of the Doctor: Mr. /Ms. _____

Report of Medical Examination

Name : _____

Date: _____

Age : _____

Appearance:

Height: _____

Weight: _____

Respiratory System:

Chest : _____

Chest Expansion: _____

Cadiovascular System:

Pulse : _____

B.P: _____

Heart : _____

Alimentary System:

Liver : _____

Hernial Sites: _____

Spleen : _____

Genitourinary System:

Blood Examination: Hb _____ gm%

Blood Group _____

Urine Examination:

Stool Examination: 

X-Ray Chest:

Remarks:

Signature of the Doctor

Signature of the Student