INSTITUTE OF HOTEL MANAGEMENT, PUSA, NEW DELHI

MEDICAL HISTORY

(To be filled in by student): Blood Group ___________

Name of Student : Roll No. /AIR No. : :	Address :
Parent's Name & contact no.:	Previous Organization / Institute:
Name & contact no. of family doctor :	

Date of Birth:	Age on 01/07/2018 :	Place of Birth:	Citizenship:

GENDER	**MARITAL STATUS**	**(√ CHECK APPROPRIATE BOXES)**	
❑ Female ❑ Male	❑ Single ❑ Married	❑ Widowed ❑ Separated	❑ Divorced

FAMILY HISTORY

Member of Family	LIVING		DECEASED	
	Age	Health	Age	Cause of Death
Father				
Mother				

Disease Check Yes/No	Yes	No	Member of Family	Disease Check Yes/No	Yes	No	Member of Family
Tuberculosis							
Cancer							
Diabetes							
Epilepsy							

Comments : ____

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PAST HISTORY AND PRESENT ILLNESS (CHECK YES OR NO)

Have you ever Had	**Yes**	**No**	**Year**	**Have you ever had**	**Yes**	**No**	**Year**
Eye Problem				Hemorrhoids/Piles			
Ear Problem				Diabetes			
Migraine Headaches				Cancer/Tumors			
Coughing up Blood				Anemia(Blood deficiency)			
Thyroid Problems				Sexually Transmitted Disease			
Rheumatic Fever				Arthritis			
Palpitations				Surgical Operations			
High Blood Pressure				Skin Problems			
Chest Pain				Major Injury			
Fainting-Dizzy Spells				Food Intolerance			
Frequent Stomach upsets				Tuberculosis (T.B.)			
Ulcers/Acidity				Mental Disorders			
Hepatitis/ Jaundice				Allergy to any to any Medicine			
Malaria				Depression			
Kidney Stones				Vaccination - Typhoid			
Urine infections				Vaccination – Hepatitis A			
Prostate Problems				Vaccination – Hepatitis B			
Weight Loss/Gain in last Year							

Do You	Yes	No	
Smoke	☐	☐	Amount Per Day ___________________
Drink Alcohol	☐	☐	Amount Per Week___________________
Wear glasses or contact lenses	☐	☐	Lens Power L_______ R _________

I hereby certify that the information stated in the form is correct to the best of my knowledge and belief.
If at any time the information turns out to be incorrect, I accept the liability of termination from hostel.

DATE :_________________

PLACE : ________________

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SIGNATURE AND NAME