Institute Of Hotel Management, Catering & Nutrition, Pusa, New Delhi

होटल प्रबंधन, खान-पान एवं पोषाहार संस्थान, पूसा, नई दिल्ली

MEDICAL HISTORY

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

Name of Student : AIR No. :			Address :	
Parent's Name & contact no.			Local Guardian's Name & contact no.	
Name & contact no. of family doctor :				
Date of Birth	Age		Place of Birth	Citizenship

SEX		MARITAL STATUS (√ CHECK APPROPRIATE BOXES)	
❑ Female ❑ Male	❑ Others	❑ Single ❑ Married	❑ Widowed ❑ Divorced/ Separated

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				Diabetes			
Ear Problem				Cancer/Tumors			
Migraine Headaches				Anemia(Blood deficiency)			
Coughing up Blood				Sexually Transmitted Disease			
Tuberculosis (T.B.)				Epilepsy			
Rheumatic Fever				Malaria			
Palpitations				Surgical Operations			
High Blood Pressure				Major Injury			
Chest Pain				Thyroid Problems			
Fainting-Dizzy Spells				Food Intolerance			
Frequent Stomach upsets				Hemorrhoids/Piles			
Ulcers/Acidity				Prostate Problems			
Hepatitis/ Jaundice				Depression			
Allergy to any to any Medicine				Mental Disorders			
Arthritis				Skin Problems			
Urine infections				Tetanus toxoid - Vaccination			
Hernia				Typhoid - Vaccination			
Weight Loss/Gain in last Year				Covid19 - Vaccination			

Do You	Yes	No	
Smoke	☐	☐	Amount Per Day _____
Drink Alcohol	☐	☐	Amount Per Week_____
Wear glasses or contact lenses	☐	☐	Lens Power L_____ R _____

MENSTRUAL HISTORY (For female candidates only)

Last Menstrual Period _____Duration _____Regularity_____

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 : _____

_____
SIGNATURE AND NAME