



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

होटल प्रबंध, खानपान एवं पोषाहार संस्थान, पूसा नई दिल्ली

Name of the Doctor: Ms. /Mr. _____

Report of Medical Examination

Name : _____

Date : _____

Age : _____

Sex : _____

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:

R

C

C X-Ray Chest:

Remarks:

Signature of the Doctor

Signature of the Student