GOPALAN SKILL ACADEMY

MEDICAL HISTORY

PERSONAL PROFILE – PART I

Name:_____ **D.O.B:**_____

Contact No: _____ **Gender:**_____

Blood Group:_____ **Age:**_____

Have you ever had or are you suffering from any of the following:
(Please tick (✓) answer yes or no. If your answer is yes, please provide the detail in the space ** provided below):
**Please provide brief details as to any 'yes' answer identified in the section below

	Yes	NO
1. Asthma:	[ ]	[ ]
Yes : _____		
2. Back or neck trouble/or joint aches/pains:	[ ]	[ ]
Yes : _____		
3. Diabetes or sugar:	[ ]	[ ]
Yes : _____		
4. Dizzy spells or giddiness:	[ ]	[ ]
Yes : _____		
5. Ear trouble or difficulty in hearing:	[ ]	[ ]
Yes : _____		
6. Eye trouble or difficulty in seeing:	[ ]	[ ]
Yes : _____		
7. Fits, fainting attacks or black outs:	[ ]	[ ]
Yes : _____		
8. High blood pressure:	[ ]	[ ]
Yes : _____		
9. Low blood pressure:	[ ]	[ ]
Yes : _____		
10. High Cholesterol level:	[ ]	[ ]
Yes : _____		
11. Skin rashes or trouble:	[ ]	[ ]
Yes : _____		
12. Speech troubles:	[ ]	[ ]
Yes : _____		
13. Sprains or Strains:	[ ]	[ ]
Yes : _____		
14. stress related illness:	[ ]	[ ]
Yes : _____		

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PERSONAL PROFILE – PART 2

	Yes	No
1. Have you ever had any operations hospital admissions or Serious injury, which may affect your work?	[ ]	[ ]
Yes:_____		
2. Have you had any major accidents or recurrent illness, Which required medical treatments by a doctor in past two (2) years?	[ ]	[ ]
Yes:_____		
3. Do you wear glasses or contact lens?	[ ]	[ ]
4. Do you smoke?	[ ]	[ ]
Yes:_____		
5. Do you drink?	[ ]	[ ]
Yes:_____		
6. What immunisations /vaccinations have you had:		
-Tetanus	[ ]	[ ]
-Diphtheria	[ ]	[ ]
-Poliomyelitis	[ ]	[ ]
-Hepatitis (which type)	[ ]	[ ]
-German measles	[ ]	[ ]
Others please mention:.....		

Regularly taken medication(s) including "as needed' 'prescription medications. Please list:

Conditions for which you take this medicines:_____

_____

_____

Emergency contact: (Name & address of person)

Relationship: Mobile no:

I hereby declare that information given by me above is true to the best of my knowledge. I correct that information particulars given by me is in all respects' understand that any misrepresentation of facts may be called for disciplinary action.

Date: Name:

Place: Signature: