

CALVARY BIBLE COLLEGE

Springside Road, Lumsohphoh, Nongthymmai,
Shillong -793014, Meghalaya

MEDICAL FORM FOR APPLICANT

Name: _____

Date of Birth : _____

Sex : _____

Height : _____

Weight : _____

Marital Status : _____

General

ENT: _____

Eyes _____

Heart: _____

Chest _____

Abdomen _____

CNS _____

Nose _____

Teeth Gum _____

Any abnormality _____

Handicapped or not _____

Laboratory Reports

Blood Group _____

Hb% _____

VDRL Test _____

Hbs Ag _____

Urine RE _____

X-Ray Chest _____

Past

Jaundice _____

Malaria _____

T.B. _____

Allergy to any drugs _____

Intolerance or allergy to any food _____

Doctor's recommendation for the study:

Date: _____

Signature of Doctor with Seal