## STUDENT MEDICAL INSPECTION REPORT

Name of the studen	t:	-NI-	or :
Height:	Weight:	Second on Chest: {  Nor.:  Ex.:	
Uncleanliness including infestations :		Head	Otherdiseases
		Body	: enoitseinumim
Malnutrition :		4*	
Skin Diseases : $\begin{cases} 1 \\ 2 \end{cases}$	l. Itch 2. Other skin diseases		Cholera 8.C.C.
Dental Diseases:			
Eye Diseases :  1. Squint	mort to persons by the College	int given to students refe	Results of the treatme previous inspection.
2. Other Diseases	s	* 1	General Remarks: "-
Defective vision	n	* 1	
Ear Disease : Defective hearing		ston for ph <u>vsical activiti</u> s	Specific recommends
Nose and Throat I	Disease :		fi-
Tonsil (2.2 Mpmb)	Restricted physical activity (inclu	<del></del>	( <del></del>
Adenoids Defective	e speech		
<b>Heart Diseases</b> Organic	Fit for college admission Unfit for college admission		Condusion
Functional Anaemia	Temporarily unfit for college :		
Lung disease, non-t	tubercular	fect to be conected.	If remporarily until de
}	uspected		Date of te-examinatio
	STUDENT HEALTH O		Place

Disease of the nervous system:		
Rickets is who may she at earth 0 mile at 12	meb <del>ut3 orl</del>	Instructions to students; Students should report to t
Deformities-Spinal diseases, etc		bns xod riotam o ni stoots
Leprosy, Contagious and Infectious	s Diseases	Haight Waight
Hookworm		
Other diseases		Incleanliness including infestations :
Immunisations :		
S.p.		<u> </u>
Cholera		inothrums.
B.C.G.		Skin Diseases: { Z. Other skin diseases
Defects and diseases calling for sp	ecial rema	Diseases : : avr
		erred to parents by the College Medical Officer at
previous inspection.		Squint
General Remarks:		
		Defective vision
Specific recommendation for physi	ical activiti	
Fit		Vigorous physical activity (including N.C.C)
		Restricted physical activity (including N.S.S.)
		No out-door activities
Occarios		
Conclusion		Organia
	$\subseteq$	Unfit for college admission
	$\sim$	Temporarily unfit for college admission
If temporarily unfit, defect to be corn	rected:	
Date of re-examination :		Luberculosis . Lumanary , Suspected
Place:		
Date :		STUDENT HEALTH OFFICER only and