Form No.....

St. Bede's College, Shimla - 171 002 (H.P.)

ANNUAL MEDICAL FORM

(to be filled in by a qualified physician)

College Form No.....

Class.....

1. Name (in Block Letters) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Date of Birth D D ☐☐ M M ☐☐ Y E A R ☐☐☐☐ Class.....

DENTAL CHECK UP

To be done by a qualified Dentist

Needs-Extraction

Fillings

Normal

Signature & Stamp

EYE CHECK UP

To be done by a qualified opthalmologist

Vision : R/E

L/E

Any disorder :
Prescription for Glasses
if any

Signature & Stamp

To be filled in by the family doctor or attending Physician not more than 15 days before joining College.

I have examined Ms.....Roll No.....
and she does not suffer from any contagious or chronic disease or allergy except for the following :

and she has not suffered from any other disease in the last two months.

Her blood group is.....

Date.....

.....
Signature of the Physician
with Degree & Regd. No.