

MEDICAL EVALUATION SHEET

NAME		D.O.B	/	/
NATIONALITY		MOBILE		
EMAIL ID				
EMERGENCY CONTACT	NAME	MOBILE		

* NATIONAL ID/PASSPORT ATTACHED

PRESENT STATE OF HEALTH AND FORMER DISEASES

HISTORY OF CHRONIC DISEASE WITH SPECIAL MENTION OF: CARDIOPATHY CORONARY HEART DISEASE
 DIABETES EPILEPSY HYPERTENSION PREVIOUS SURGERY

ACCIDENTS (WHEN, WHERE, UNDER WHICH CIRCUMSTANCES)

IF ANY OF THE ABOVE IS YES, PLEASE GIVE DETAILS HERE

TOBACCO ALCOHOL MEDICINES TAKEN

GENERAL OBJECTIVE EXAMINATION

HEIGHT	WEIGHT	BODY MASS INDEX	UNDER WEIGHT	NORMAL RANGE	OVER WEIGHT	OBESE
CM	KG		<input type="checkbox"/> < 18.5	<input type="checkbox"/> 18.5 - 25	<input type="checkbox"/> 25 - 30	<input type="checkbox"/> > 30
RESPIRATORY SYSTEM	CARDIOVASCULAR SYSTEM	PULSE RATE AT REST		PULSE RATE AFTER STRESS		
		PULSE/MIN		PULSE/MIN		

VITAL CAPACITY

C.X.R				E.C.G			
	RIGHT EYE	LEFT EYE	VISION OF COLORS	BLOOD GROUP			
VISION				AB+ <input type="checkbox"/> AB- <input type="checkbox"/> A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> O+ <input type="checkbox"/> O- <input type="checkbox"/>			
W/ CORRECTION							
URINE	ALBUMIN	SUGAR		SEDIMENT			

CONGENITAL OR AQUIRED DEFORMITIES

APTITUDE ASSESSMENT ON RACER

FIT SUBJECT TO TREATMENT UNFIT

THIS RACER HAS BEEN EXAMINED WITH MY PRESENCE AND ACKNOWLEDGEMENT

NAME	DEGREE	TEL
DATE / /	SIGNATURE	

STAMP HERE

