



## NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH, BHUBANESWAR

(An autonomous Institution under Department of Atomic Energy, Govt. of India)

### MEDICAL HISTORY

1. Name : \_\_\_\_\_
2. Blood Group : \_\_\_\_\_
3. Have you undergone any surgery : Yes  No   
(If yes mention briefly) : \_\_\_\_\_  
\_\_\_\_\_
4. Major illness and hospitalization : \_\_\_\_\_
5. Allergy to drugs : \_\_\_\_\_
6. Chronic Ailment : \_\_\_\_\_
7. Identification Mark : \_\_\_\_\_

Date: \_\_ / \_\_ /20 \_\_

Place:

\_\_\_\_\_  
**Full Signature of the Parent / Guardian**

\_\_\_\_\_  
**Full signature of Student**

- Certified that above information furnished by the student is correct.

Date : \_\_ / \_\_ /20 \_\_

Place:

Registered Medical Practitioner /  
Authorised Medical Attendant /  
Medical Officer

