ORIENTAL
GROUP OF HOTEL MANAGEMENTINSTITUTIONS
Lakkidi, Vythiri, Wayanad, Kerala

Medical Report

(To be filled in by the Applicant)

Name of the Applicant: .....

Name of Parent / Guardian: .....

Address: .....

Sex: ☐ Male ☐ Female Date of Birth: .....

Phone : .....

Personal History

Have you ever had or do you suffer from?	No	Yes	If yes when?
Appendicitis	☐	☐	.....
Tuberculosis	☐	☐	.....
Epilepsy	☐	☐	.....
Heart Trouble	☐	☐	.....
Rheumatism	☐	☐	.....
Diabetics	☐	☐	.....
Mental Illness	☐	☐	.....
Any other Disease (Pl. specify .....)			.....

Are you allergic to any medicine or product (specify): .....

Which medication, if any, are you taking on a regular basis? : .....

Have you had any operations (specify): .....

Have you had any accidents with long term consequences: .....

What is your general medical condition? Excellent ☐ Very good ☐ Good ☐ Poor

Applicant's Signature: ..... Guardian Signature: ……..…..

Date : ..... Place: .....

This portion to be filled in by a Physician only

Blood Pressure..... Blood Group..... Hemoglobin Specify Units %.....

Height - cm..... Weight - kg.....

Pulse Rate..... Vision.....

Urinalysis

Albumin %..... Sugar %..... Sediment %.....

Please tick each item	Normal	Abnormal	Detail of Abnormalities
Skin	☐	☐	.....
Head & Neck	☐	☐	.....
Eyes & Vision	☐	☐	.....
Ears & Hearing	☐	☐	.....
Mouth & Throat	☐	☐	.....
Heart	☐	☐	.....
Lungs	☐	☐	.....
Abdomen	☐	☐	.....
Nervous System	☐	☐	.....
Others (Pl. specify :.....)	☐	☐	.....

General Impression

The undersigned certifies that the general health states, physical and mental condition of the applicant is satisfactory, is not a carrier of any infectious diseases, has no physical disabilities and therefore comply with the strict requirements of professional training in the hotel industry without any risk.

Date: ..... Place: ..... Signature & Stamp of Doctor: .....