

PRIMARY MEDICAL EXAMINATION REPORT

(for school admission in boarding)

(to be completed by a **Pediatrician** with a **PG Degree** or a **Medical Officer from a Government Hospital.**)

1. Exam No: _____ 2. Student Name: _____

2. Father's Name: _____ 4. Date of Birth: _____

3. Class: _____ 6. Permanent Address: _____

7. Identification Marks:-

(a)

(b)

8. Personal Statement:-

(a) Family History.

Relation	If Alive			If Expired		
	Age(Yrs.)	Health		Cause of Death		Died (Yrs)
Father						
Mother						
Brother/Sister						
Wife						
Daughter						
Daughter						
Any Family History of	Hypertension	Heart Disease	Diabetes	Bleeding Disorder	Mental Disease	Night Blindness

(b) Personal History.

Have you suffered from any of the following illness/condition?			
Illness	(Yes/No)	Illness	(Yes/No)
Chronic Bronchitis/ Asthma		Discharge from ears	
Pleurisy/ Tuberculosis		Any other Ear Disease	
Rheumatism/Frequent Sore Throats		Frequent Cough & Cold/ Sinusitis	
Chronic Indigestion		Nervous Breakdown/ mental illness	
Kidney/ Bladder trouble		Fits/ Fainting Attacks	
Jaundice		Severe head injury	
Air, Sea, Car, Train Sickness			

Illness	(Yes/No)	Illness	(Yes/No)
Night Blindness			
Laser treatment/Surgery for Eye			
Any other Eye disease			
Have you ever been admitted in hospital for any illness, operation or injury?			
Any other information you can give about your health?			
I hereby declare that I have answered all questions about my family and personal health and that the information given is true to the best of my knowledge.			

(c) We further certify that we understand:-

- (i) My son will be medically examined according to the medical standards required for admission to Bhonsala Military School, Nashik.

Signature of the Parent
Name : _____

Signature of the Candidate
Name : _____

9. PHYSICAL DEVELOPMENT

- (a) Height without shoes CMs.
- (b) Weight
- (i) Actual KGs (ii) Acceptable KGs (as per BMI)
- (c) Any other relevant observation.
- (d) Evidence of Skin disease if any.

10. MENTAL CAPACITY AND EMOTIONAL STABILITY.

- (a) Speech
- (b) Evidence Suggesting –
- (i) Mental Backwardness (ii) Emotional Instability

11. LOCOMOTION SYSTEM

- (a) Upper Limb (b) Lower Limb (c) Neck (d) Trunk

12. TEETH

- (a) No of dental points
- (b) Condition of Gums.
- (c) Evidence of malocclusion

13. EYES

R L CP

- (a) Distant vision
 - (i) Without Glasses
 - (ii) With Glasses
- (b) Near Vision **N N**
- (c) Any evidence of trachoma or its complications or any other disease:-

14. ENT

- (a) Right Ear
- (b) Left Ear
- (c) Any evidence of Otitis media
- (d) Nose
- (e) Throat

15. Chest Examination: Measurement

- (a) Full Expiration Cm
- (b) Range of expansioncm
- (c) Abnormalities if any :

16. CARDIO VASCULAR SYSTEM.

- (a) Pulse : /min
- (b) BP : mm of Hg.
- (c) Heart Sounds
- (d) Murmur
- (e) Blood Examination
 - (i) HB %
 - (ii) Blood Sugar F PP
 - (iii) Blood Urea
 - (iv) Creatinine
- (f) X –Ray Chest
- (g) ECG

17. ABDOMEN

- (a) LIVER (B) SPLEEN (C) HERNIA (D) HYDROCELE

18. GENITO URINARY SYSTEM:

URINE (a) Albumen..... (b) Sugar (c) Specific Gravity.....

Abnormalities/Evidence of STD.....

19. SLIGHT DEFECTS NOT SUFFICIENT TO CAUSE REJECTION:

20. HIV Status

21. IMMUNIZATION STATUS

- (a) Tetanus
(b) Typhoid
(c) COVID-19

22. In your opinion is the candidate FIT to undergo Military Training (Yes/No).

Place:

Date:

(Signature of Pediatrician / Medical Officer)
Name
Degree
Registrations Number

MEDICAL FITNESS CERTIFICATE

1. This is to certify that Name _____
S/O of _____ (name of Father) by the standard laid in
Bhonsala Military School (BMS) , Nashik admission process as per Appx 'A' and found his medically
fit to take admission for the academic year 2025-26 /military training / Parasailing to be held at
BMS, Nashik **From 01 JUN 25 to 30 APR 26.**

2. The basic medical parameters as on _____ areas under :-
 - (a) BP
 - (b) Pulse
 - (c) Suitability from Cardiac point of view
 - (d) Whether any spinal Injury?
 - (e) Any history of Epilepsy/seozires?
 - (f) Eye Sight _____.
 - (g) History of any past injury.

3. The indl has been vaccinated against Tetanus, Typhoid, smallpox, Cholera, Dengue, and
COVID-19.

4. He has been tested for COVID-19 on _____ and his report is _____.

5. The present medical cat of the indl is _____ . (Fit / Unfit)

Place:

Date:

(Signature of Pediatrician / Medical Officer)

Name

Degree

Registrations Number

COUNTERSIGNED BY THE COMMANDANT OF THE SCHOOL

Date :

Place: