



## 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 ACQUIRED 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