SAVITRIBAI PHULE PUNE UNIVERSITY

No.

Student's Health Service Scheme
University Hostel Students Health Check-up Form
(Information to be filled by student)
Please tick (✓) wherever applicable.

Name : ..... Date of Birth : .....

☐ Male ☐ Female : Age in completed years : .....

Department : ..... Class : ..... Roll No. : .....

Address (Permanent) : .....

Hostel Room No. : ..... Nationality : .....

Religion : ..... Category -SC/ST/DTNT/OBC/EBC/Paying/Any Other

Diet - Veg ☐ Mixed ☐

Physical Exercise - No ☐ Yes ☐ If Yes

Type Frequency

Sports No ☐ Yes ☐ If Yes Indor ☐ Outdoor ☐ Both ☐

Type Frequency

Habits- No / Yes

Tobacco Chewing	☐ Yes	☐ No
Smoking	☐ Yes	☐ No
Alcohol	☐ Yes	☐ No
Pan Parag / Gutka	☐ Yes	☐ No
Any Other	☐ Yes	☐ No

Hobbies - Music ☐ Drawing ☐ Painting ☐ Reading ☐ Drama ☐ Writing ☐ T.V. Viewing ☐ Cinema

Vehicle Driving - Yes ☐ No ☐ If Yes

Two ☐ Three ☐ Four ☐ Wheeler

You have a driving licence? Yes ☐ No ☐

Approximate Expenditure per month - Scholarship- Yes ☐ No ☐

Earn & Learn Scheme - Yes ☐ No ☐

Participated in NSS - Yes ☐ No ☐ If Yes , No. of Years-

NCC - Yes ☐ No ☐

[P.T.O

(To be filled by Examing Doctor)

Past illness :

Family illness :

Present Complaints :

Any Psychological Problems : Loss of Concentration Yes ☐ No ☐

Anxiety Yes ☐ No ☐ Sadness Yes ☐ No ☐

Height / cm Weight / kg Pulse /m B.P.

CVS : Murmer :

RS

PA

Skin

Ear Nose Throat

Eyes : Distant Vision Colour Vision

Teeth : Decayed Missing Filled DMFT

Calculus

For boys : Tests ☐ descended ☐ Undescended

Phimosis - Yes ☐ No ☐

Circumcision - Yes ☐ No ☐

For Girls : Menstrual History Age at Manarche

Menses - Regular ☐ Irregular ☐

Scanty ☐ Excessive ☐

Painful Yes ☐ No ☐

Normal Yes ☐ No ☐ Signature of Medical Officer

Notes of Specialist Doctor

Ref . to - (1)

(2)

(3)

Signature of Specialist Doctor.

Medicial Officer

Follow Up.