MARATHA VIDYA PRASARAK SAMAJ, NASHIK

Senior College/Junior College/Technical College Students' Health Check-up Form

'कॉलेज आरोग्य तपासणी फॉर्म'

Purpose of the health check-up

This is for benefit of the students as unrecognized disease/s, which they are not aware of, can be detected at the time of the check-up and the treatment can be taken at appropriate time. This Health check-up is compulsory. Referred students can contact MVPs Dr. Vasantrao Pawar Medical College Hospital, Adgaon, Nashik for more information. Diagnosing or excluding or NAD finding is not the final conclusion. It may need further investigations for evaluation.

आरोग्य तपासणीची उद्दिष्टये:

सदर आरोग्य तपासणी विद्यार्थ्यांच्या हिताची आहे कारण जाणीव नसलेल्या सुप्त आजारांचे आरोग्य तपासणीच्या वेळेस निदान होऊ शकते व त्यावर योग्य त्या वेळी उपचार करता येतात. ही तपासणी करणे आवश्यक आहे. पुढील तपासण्या/उपचारांचा सल्ला दिलेल्या विद्यार्थ्यांनी मविप्रच्या डॉ.वसंतराव पवार वैद्यकीय महाविद्यालय रूग्णालय, आडगांव, नाशिक येथे संपर्क साधावा. तपासणीदरम्यान आढळलेले सामान्य/निदानात्मक निष्कर्ष तात्पुरत्या स्वरूपाचे समजावेत. त्याला पुढे आवश्यक चाचण्यांची जोड देवून अंतिम निष्कर्ष काढणे संयुक्तिक राहील.

Name of College: MVP college of Pharmacy, Nashik Faculty F.Y.B.Pharm

Name of the Student: Gaikwad Pankaj Sanjay PRN (Reg.No.)

Class: 1st year Division: Roll No.: 41 Blood Group B +ve/-ve Hostel ✓

Address(Local) KTHM, college campus Age: 17 Sex: Male ☑ Female ☐

Address (Permanent) Aswinathnagar, Sinnar Birth Date : / /

Nationality: Indian Mother's Education 12th pass Father's Education: S.S.C. pass

Language: Marathi ☑ English ☐ Hindi ☐ Category: SC/ST/DTNT/OBC/EBC/OPEN/ANY OTHER

Diet: Veg ☑ Mixed ☐ Exercise Yes ☑ No ☐ Sports: Yes ☐ No ☑ Extra Curricular activity : Yes ☑ No ☐

Habits : Tobacco Chewing ☐ Smoking ☐ Alcohol Consumption ☐ Pan Parag ☐ Gutka ☐

(विद्यार्थ्यांनी पान नं. १ व २ शिक्षकांच्या मदतीने भरावे)	Year 2017-2018	Year 20 - 20	Year 20 -20
Date: 9-11-17			
Height: cms	161 cms	cms	cms
Weight: Kg	47 Kg	Kg	Kg
Chest: cms	cms	cms	cms
Mental Health: If the answer to any of the following questions is "yes", please refer the student for further evaluation.			
1. Do you have irregular habits regarding a) Food b) exercise d) sleep	Yes		
2. Are you excessively worried about your studies and do such worries adversely affect your day to day activities?	No		
3. What type of person are you? a) anxious b) depressed or c) shy-type			
4. Do such Moods adversely affect your daily activities?	No		
5. Do/Did you ever have any unusual experience that other people don't have?	No		
6. Do you consume atleast twice in a week? a) tobacco b) Beer c) Gutka d) Smoking	No		
7. Do you have intimate freindship with same or opposite sex?	No		
a) Do you have Physical relationship with them?	No		
b) Have you experienced any difficulty or infection?	No		
8. Do your friends pressurize you about the issues in Q.6 & Q.7 ?	No		
9. Do you spend more than 2 hours a day on internet surfing, playing video games, and speaking on phone or texting?	No		
10. Are you unhappy about your relationship with your family, friends or others?	No		

	Year 2017-2018	Year 20 - 20	Year 20 -20
Congenital Anamoly			
Old Fracture			
Osteomyelitis			
Rickets			
Spine deformity-Kyphosis/Scoliosis /Lordosis			
Joint Swelling / Limited Joint Movements			
Examination of Shoulder Jt/Elbow/Wrist/Hip/Knee/Ankele			
SURGERY :			
Oral Cavity: Cleft Lip			
Celft Palate			
Tongue Tie			
Any swelling			
Leukoplakia			
Neck: Cervical LN Pathy	MAD		
Any swelling			
Deformity			
Fistula/sinus			
Chest: Gynaecomastia			
Any deformity of chest			
Breast examination (for females)			
P/A Abdomen: Any scar of previous surgery			
Umbilical hernia			
Umbilical discharge			
Organomegaly: Liver/Spleen/Kidney			
Inguinal Scrotal: LN Pathy			
Congenital Hernia			
Hydrocele			
Varicocele			
Undescended testis			
Any swelling			
Penis : Phimosis			
Hypospadias			
Any deformity			
CONCLUSION :			
Provisional Diagnosis :			
Advise : Diet			
Exercise			
Investigations :			
Treatment :			
Referred to			
For Reference to parent (Sign. of parent)			

Signature	Signature	Signature
Medical Officer	Medical Officer	Medical Officer
9/11/17		
Name :	Name :	Name :