



MARATHA VIDYA PRASARAK SAMAJ, NASHIK

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

'कॉलेज आरोग्य तपासणी फॉर्म'

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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 उद्दिष्ट्ये:

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 रुग्णालय, 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: M. D. M. V. P. Samaj, College of Pharmacy Nashik Faculty: Pharmacy
 Name of the Student: Mane Ajit Vitthal PRN (Reg. No.):
 Class: M Pharm Division: - Roll No.: 11 Blood Group: O +ve/-ve Hostel:
 Address (Local): Mayuri apartment 14, Ganaypur Road Age: 23 Sex: Male ☒ Female ☐
 Address (Permanent): A/P. Shingoli Tal - Kallamb. Dist - Osmanabad Birth Date: 1/5/1994
 Nationality: Indian Mother's Education: 11th Father's Education: 10th
 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 20 -20	Year 2016-2017	Year 2018-2019
Date: <u>08/11/2017</u>			
Height: <u> </u> cms		<u>172</u> cms	<u> </u> cms
Weight: <u>65</u> Kg		<u>65</u> Kg	<u> </u> Kg
Chest: <u> </u> cms		<u> </u> cms	<u> </u> 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		<u>Yes, sleep problem</u>	
2. Are you excessively worried about your studies and do such worries adversely affect your day to day activities?	<u>Yes, but</u>	<u>not by study only affected by mobile.</u>	
3. What type of person are you? a) anxious b) depressed or c) shy-type		<u>shy type</u>	
4. Do such Moods adversely affect your daily activities?	<u>May be...</u>		
5. Do/Did you ever have any unusual experience that other people don't have?		<u>no</u>	
6. Do you consume atleast twice in a week? a) tobacco b) Beer c) Gutka d) Smoking		<u>Never</u>	
7. Do you have intimate freindship with same or opposite sex? a) Do you have Physical relationship with them? b) Have you experienced any difficulty or infection?			
8. Do your friends pressurize you about the issues in Q.6 & Q.7 ?		<u>Yes</u>	
9. Do you spend more than 2 hours a day on internet surfing, playing video games, and speaking on phone or texting?		<u>Yes, more than 2 hrs. only whatsapp</u>	
10. Are you unhappy about your relationship with your family, friends or others?		<u>May be</u>	

	Year 20 -20	Year 20 - 20	Year 20 1420 18
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 :			
<u>Oral Cavity:</u> Cleft Lip			
Celft Palate			
Tongue Tie			
Any swelling			
Leukoplakia			
<u>Neck:</u> Cervical LN Pathy			
Any swelling			
Deformity			
Fistula/sinus			
<u>Chest:</u> Gynaecomastia			
Any deformity of chest			
Breast examination (for females)			
<u>P/A Abdomen:</u> Any scar of previous surgery			
Umbilical hernia			
Umbilical discharge			
Organomegaly: Liver/Spleen/Kidney			
<u>Inguinal Scrotal:</u> LN Pathy			
Congenital Hernia			
Hydrocele			
Varicocele			
Undescended testis			
Any swelling			
<u>Penis :</u> Phimosis			
Hypospadias			
Any deformity			
CONCLUSION :			
Provisional Diagnosis :			
Advise : Diet			
Exercise			
Investigations :			
Treatment :			
Referred to			
For Reference to parent (Sign. of parent)			

NAD

NAD

Signature
Medical Officer

Name :

Signature
Medical Officer

Name :

Signature
Medical Officer

Name :

9/11/18