

Sunbeam Institute of Information Technology

Health History Questionnaire

All the information provided in this questionnaire is strictly confidential.

Course _____

Batch _____

Student Information -

Date -

Name _____

Gender - ☐ Male ☐ Female Date of Birth _____ Age _____

Mobile _____ Parent/Guardian email id :

Local Guardian Name _____ Local Guardian Mobile _____

Family Doctor Name _____ Family Doctor Mobile _____

Personal Health History -

Childhood Illness :	<input type="checkbox"/> Measles(गोवर) <input type="checkbox"/> Mumps(गलगंड रोग) <input type="checkbox"/> Polio (पोलियो)			
	<input type="checkbox"/> Rheumatic Fever (वातरोगग्रस्त बुखार)			
	Other _____			
Medical Illness :	Illness	Age at Onset	Illness	Age at Onset
	<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Gout	_____
	मधुमेह		गठिया	
	<input type="checkbox"/> Hypertension	_____	<input type="checkbox"/> Epilepsy	_____
	उच्च रक्तदाब		अपस्मार/मिरगी	
	<input type="checkbox"/> Heart Disease	_____	<input type="checkbox"/> Bleeding Disorder	_____
	हृदयरोग		रक्तस्त्रवण विकार	
	<input type="checkbox"/> Asthma	_____	<input type="checkbox"/> Severe Infections	_____
	दमा		भारी संक्रमण	
	<input type="checkbox"/> Genetic Defects	_____	<input type="checkbox"/> Other	_____
आनुवांशिक दोष				
<input type="checkbox"/> Osteoarthritis	_____	<input type="checkbox"/> Other	_____	
संधिवात/सांधेदुखी				

Family Doctor's Name and Sign

Student
Photograph

Parent Sign