

## HEALTH REPORT CARD

Health Camp Conducted on: 2025-04-10



**Name:** gaga

**Div:** agag

**Roll No:** agag

**Admin No:** agag

**Father's Name:** agag

**Mother's Name:** agag

**Mobile:** agagaga

**DOB:** 2025-04-28

**Gender:** Male

**Blood Group:** O+

# GENERAL EXAMINATION REPORT

Height 959 Weight 95 BMI 1.03

## (1) GENERAL CLEANLINESS

Nails	Abnormality	gkgkgkgkgkgk
Skin	Abnormality	gkgkgkgkgkgkg
Hair	Abnormality	gkgkgkgkgkgk

## (2) ANEMIA/ FIGURE

Anemia/Figure No

## (3) ALLERGY

Allergy YES lhlghggglglg

## (4) ABDOMEN

Soft	Yes	Hard	Yes
Distended	Yes	Bowel Sound	Present

## (5) CENTRAL NERVOUS SYSTEM

Conscious	Yes	Oriented	Yes
Playful	Yes	Active	Yes
Alert	Yes		
Speech	Abnormal	lhlhlhlhlhlhl	

## (6) PAST HISTORY

Medical	Yes	Surgical	Yes
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# VITALS EXAMINATION REPORT

B.P 895 Pulse NA595

## CIRCUMFERENCES

Hip	NA	Waist	NA
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# BMI CHART

Normal 18.5-24.9 Underweight less than 18.5 Overweigh 25-29.9 Obese 30& Above

## E.N.T EXAMINATION REPORT

### (1) EAR

#### LEFT EAR

Deformity	Yes
Wax	Yes
Tympanic Membrane	Seen
Discharge	Yes
Normal Hearing	Yes

#### RIGHT EAR

Deformity	Yes
Wax	Yes
Tympanic Membrane	Yes
Discharge	Yes
Normal Hearing	Yes

### (2) NOSE

#### LEFT NOSE

Nasal Obstruction	Yes
Discharge	Yes
	Yes

#### RIGHT NOSE

Nasal Obstruction	Yes
Discharge	Yes

### (3) THROAT

Throat Pain	Yes
Tonsils	Not Enlarged

### (4) NECK

Neck Nodes	Present
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## VISION EXAMINATION REPORT

### (1) VISION

RE	No	LE	No
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### (2) COLOR BLINDNESS

Right Eye Color Blindness	No	Left Eye Color Blindness	No
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### (3) SQUINT

Right Eye Squint	No	Left Eye Squint	No
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# DENTAL EXAMINATION REPORT

## (I) Extra-Oral

Extra-Oral                      No Abnormality

## (II) Intra-Oral

### (a) Tooth Cavity (Permanent Teeth)

11 18, 17, 16, 15, 14, 13, 12                      25, 26, 27, 28 21, 22, 23, 24  
41 48, 47, 46, 45, 44, 43, 42                      35, 36, 37, 38 31, 32, 33, 34

### (b) Tooth Cavity (Primary Teeth)

51 55, 54, 53, 52                      65 61, 62, 63, 64  
81 85, 84, 83, 82                      75 71, 72, 73, 74

(c) Plaque	Present	(d) Gum Inflammation	Present
(e) Stains	Present	(f) Tooth Discoloration	Present
(g) Tarter	Present	(h) Bad Breadth	Present
(i) Gum Bleeding	Present	(j) Soft Tissue	No Abnormality
(k) Fluorosis	Present	(l) Malocclusion	Present
(m) Root Stump	Present	(n) Missing Teeth	Present

Dental Examination Remarks : fjkfjfufjf

**Health Tips:** Healthy & Balanced Diet, Proper Hydration & Exercise, Good Hygiene helps maintain Healthy Lifestyle

Medical Officer Name: **gagag**

Disclaimer: All findings are noted on the day of Medical Check-up