

B.P. Form No. 196  
Bengal Form No. 5247

**Medical History Sheet of No./ Rank ....., Name.....**

(Regulation 1030.)

Name of hospital	Date of admission or commencement of treatment	Date of discharge	Name of disease	Remarks on nature of disease, how induced, whether mild or severe; whether recovery was complete; whether any particular treatment was adopted; if an accident, it should be stated whether it occurred on duty.	Medical leave, if any, recommended, with duration of each period.	Signature of Medical Officer
1	2	3	4	5	6	7