MEDICAL HISTORY AND EXAMINATION FORM INSTRUCTIONS

The submission of a completed *Medical History and Examination Form i*s a required. The attached form should be completed and submitted before the first residency.

The Student should complete the *Medical History* portion of the form (Part I - Items 1 to 7).

PART I - MEDICAL HISTORY FORM

MEDICAL HISTORY MUST BE COMPLETED BY THE APPLICANT IN ENGLISH AND SIGNED
PLEASE TYPE OR PRINT IN INK

PGID: 012020053	Email ID: deepkamal_singh_ampba2021w@isb.edu
1. NAME: Deep Kamal Singh	
2. DATE OF BIRTH: 06 September 1983	3. GENDER: Male

4. Indicate YES or NO. YES answers MUST be explained in the space provided on page 2.

		YES	NO
a)	Have you ever had any significant or serious illness(es) or injuries? (State nature of problems & dates)	☐	☒
b)	Have you ever had any operations or been advised by a physician to have an operation? (Describe and give dates.)	☐	☒
c)	Have you ever been a patient in a mental hospital or sanitarium or treated by a psychiatrist? (Give dates.)	☐	☒
d)	Are you required to take long-term medication (list name/dose) for treatment of a medical condition or do you require the use of a medical device?	☐	☒

5. Do you now have or have you ever had any of the conditions listed below? (Check YES or NO for each Item.)

CHECK EACH ITEM	YES	NO		YES	NO
(a) Epilepsy, convulsions, fits.	☐	☒	(k) Joint disease or injury, swollen or painful joints	☐	☒
(b) Eye disease, vision defect in one or both eyes	☐	☒	(l) Back pain, or spinal condition, use of back brace	☐	☒
(c) Tooth or gum disease (periodontal disease).	☐	☒	(m) Tropical diseases (malaria, bilharzia, amoebiasis, leprosy, filariasis, yaws etc.)	☐	☒
(d) Asthma, emphysema, or other lung conditions symptoms.	☐	☒	(n) Depression, anxiety, attempted suicide or other psychological problem	☐	☒
(e) Tuberculosis or exposure to tuberculosis	☐	☒	(o) Drug or narcotic habit such as marijuana, cocaine, heroin, LSD, or any derivatives.	☐	☒
(f) High/low blood pressure, heart disease.	☐	☒	(p) Bleeding disorder, blood disease, sickle cell anemia.	☐	☒
(g) Stomach, liver (hepatitis), gallbladder disease.	☐	☒	(q) Tumor, abnormal growth, cyst, or cancer.	☐	☒
(h) Hernia (rupture)/Genito-Urinary/Rectal Disorder.	☐	☒	(r) Skin disorder growths psoriasis.	☐	☒
(i) Kidney or bladder condition, stone or blood.	☐	☒	(s) Gynecological disease/abnormal menses. ☐	☐	☒
(j) Diabetes, sugar in the urine.	☐	☒	(t) Hearing Impairment.	☐	☒

STUDENT'S SIGNATURE:  DATE: 15-March-2021

6. Are you allergic to any medicines? If yes, please list the names of these medicines below.	☐ Yes No

Questions 4 and/or 5 (Continued) :

7. If you answered YES to any item in Question 4 or 5, please explain in detail (include dates of occurrence, treatment, and outcome):

8. Name two individuals who could be notified in case of emergency.

Name	Jaya Singh
Address	601, A2, Golf Link Residency, Sector 18 B Dwarka, New Delhi 110078
Telephone	9717733585
Relationship	Spouse

Name	Shr K B Singh
Address	601, A2, Golf Link Residency, Sector 18 B Dwarka, New Delhi 110078
Telephone	9718612358
Relationship	Father

9. Medical Insurance Details (should include Additional COVID Insurance)

Name of Insurance Provider: Mediassist TPA		
Policy Number: 10315989	Valid From: 01 April 2020	Valid To: 31 March 2021

Declaration

I certify that I have reviewed the foregoing information supplied by me, and that it is true and complete to the best of my knowledge. In the event of a serious illness or medical emergency during the Study of Course, I authorize to release of my medical information to the Hospital/Doctors.

I understand that if any of this information is found to be substantially inaccurate or incomplete, it may be grounds for termination of my admission.

STUDENT'S SIGNATURE:_____ DATE: 15-March-2021

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