



VATHSALYA SEVA TRUST (Regd)

Sheshadri Nagar, Tellar Road, Karkala - 574 104

(Karnataka State – INDIA)

Ph: 9743534101, 9844879941

E-mail : vathsalya123@yahoo.com Web.: www.vathsalyasevatrust.com

Form B

MEDICAL STATEMENT

Medical History (To Be Completed By The Applicant For Admission)

Please answer the following questions in **Yes or No** (a dash is not sufficient and give full details where required).

1. Are you in good health and free
from Physical and Mental disease,
Disability or Infirmity?

Have you at any time suffered
from High blood pressure,
Ischaemic heart disease, Angina or
Any Valvular Defect of Heart?
3. Have you at any time suffered or
suffering from Diabetes Mellitus?
If yes :
Do you require insulin Injection on
Daily Basis?
Have you suffered from Diabetes
related complications like Gangrene
of toes, peripheral Neuritis or
Chronic Renal Failure?
4. Have you at any time suffered or
suffering from Tuberculosis?
5. Have you at anytime suffered or
suffering from Asthama, Chronic
Bronchitis, Bronchietasis or COPD?
(Chronic Obstructive Pulmonary Disease)
6. Have you suffered or suffering from
Fits (Convulsions) or Cerberal
Ischaemic Conditions like Transient
Ischaemic attack or Stroke?

7. Have you suffered or suffering from
psychiatric illness like Depression?
8. Have you at anytime attempted
suicide?
9. Are you suffering from severe
arthritis or spinal conditions
restricting your mobility?
10. Are you suffering from any allergy to
any food, chemicals or plants?
11. Are you suffering from HIV, AIDS
or STD?
12. Are you suffering from Hepatitis B or
C.?
13. Are you suffering from any surgical
condition like Hernia, Piles, Varicose
Veins or any other, which will require
early surgery?
14. Give particulars of any other illness or
diseases or accident or any surgery
performed on you during the last 12
months preceding this date of this
statement

Sr. No.	Nature of illness / disease injury or surgery received / performed	Date first treated	Name of attending medical practitioner / surgeon with his address and Tel No.
1.			
2.			
3.			

