



**NATIONAL INSURANCE ACADEMY, PUNE
STUDENT MEDICAL HISTORY FORM**

Name _____

Permanent Address _____

Emergency Contact No. _____

Date of Birth (dd/mm/yy) _____ Age _____

Height (cms) _____ Weight (kgs.) _____

Blood Group _____

No. of Family Members _____

Family History – Kindly indicate below if any family member is suffering from any of the following and mention the relationship with you:

1. Diabetes _____

2. Mellitus _____

3. Hypertension _____

4. Asthma _____

5. Epilepsy _____

6. Heart Problems _____

7. Joint Problems _____

Personal History – Kindly indicate below if you are suffering from

1. Diabetes _____

2. Mellitus _____

3. Hypertension _____

4. Asthma _____

5. Epilepsy _____

6. Tuberculosis _____

7. **Smoking/Drinking** _____
8. **Heart Problem** _____
9. **Allergy to a known item** _____
10. **Any known disease** _____
(including eye problems)
11. **Medicines (apart from vitamins) need to be taken daily**
12. **History of any operation done with dates**
13. **Are you covered under any insurance policy. If Yes, provide details.**

I GIVE AN UNDERTAKING THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO MY KNOWLEDGE. I AM AWARE THAT ANY DISCREPANCY OR FALSE INFORMATION WILL LEAD TO DISCIPLINARY ACTION AS PER THE CODE OF CONDUCT OF THE SCHOOL.

SIGNATURE OF THE STUDENT

NAME OF FAMILY PHYSICIAN
*(The term 'Physician' implies family doctor/ local doctor
Whom the student has been consulting)*

REGISTRATION NO.

SIGNATURE OF THE FAMILY PHYSICIAN

SEAL

DATE

PLACE