DSPA CADET's ENTRANCE MEDICAL EXAMINATION

MEDICAL EXAMINATION HELD AT _____ Dated _____

PERSONAL DATA

1. Name:
2. Date of Birth: 3. Age:
4. Address:

EXAMINATION

MEDICINE

5. PHYSICAL

a) Height …….. Cm
b) Weight (actual) …….. Kg, Ideal Weight …….. Kg
c) Waist …….. Cm
d) Chest Full expiration …….. Cm, Range of Expansion…….. Cm
e) Knock Knees
f) Free from any disease/disability

6. CARDIO VASCULAR SYSTEM

a) Pulse……../m
b) BP…… mm/Hg
c) Sounds NAD/
d) Peripheral Pulsation NAD/
e) Heart Size NAD/
f) Rhythm NAD/
g) ECG(R/DMT) No…….. dated…….. Report ……..
h) ECT (TMT) No …… dated……Report……..

7. RESPIRATORY SYSTEM NAD/

X- Ray Chest PA Nos ……dated……Report……

8. GASTRO INTESTINAL SYSTEM

a) Liver Palpable(Y/N)……..cm
b) Spleen Palpable(Y/N)……..cm

9. CENTRAL NERVOUS SYSTEM

a) Higher Mental Functions NAD/……..
b) Speech NAD/……..

c) Reflexes NAD/……..
d) Tremors Nil/Fine/Coarse……
e) Self Balancing Test-Fairly/Steady/Unsteady……..

10. LAB INVESTIGATIONS

a) Blood HB……..Gm%
b) TLC……mm
c) DLCP……L……M…….E……B……..ESR……..mm fall in 1st hour
d) Urine RE……ME……
e) Sp Gravity……
f) Albumin……..
g) Sugar……..
h) Blood Sugar Fasting……mg/dl
i) 2 hour post Prandial……..mg/dl
j) Lipid profile Cholestrol……..mg/dl
k) Triglycerides……mg/dl
l) HDL……..mg/dl
m) VLDL……mg/dl
n) LDL……mg/dl NAD

Remarks
Date…….

Signatory of Authorized Medical Specialist
With Stamp

SURGICAL

11. Locomoter System NAD/……
12. Spine NAD/……
13. Hernia NAD/……
14. Hydrocele NAD/……
15. Heemorthoids NAD/……
16. Breast NAD/……

Remarks
Date…….

Signatory of Surgical Specialist
With Stamp

GYNAECOLOGICAL EXAM

17.

a) Menstrual History……..
b) LMP……..
c) Vaginal of Discharge NAD/……..
d) Prolapsed NAD/……
e) USG Abdomen NAD/……..

Remarks
Date……. Signatory of Gynaecologist
With Stamp

DENTAL

18.

a) Total Nos of Teeth	Missing/Unsaveable Teeth	
b) Defective Teeth	**U.R.** 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 **U.L**
c) Dental Points	**L.R.** 8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 **L.L**
d) Conditions of Gums	Missing teeth to be indicated by Horizontal line (--) and Unsaveable teeth by cross(x) through the appropriate number.	

Remarks
Date……. Signatory of Dental Specialist
With Stamp

EYE

19.

		R	L
a)	Distant Vision		
	Without Glasses	……	……
	With Glasses	……	……
b)	Near Vision	R	L
	Without Glasses	……	……
	With Glasses	……	……
c)	CP		
	Without Glasses	……	……
	With Glasses	……	……

d) Any evidence of Trachoma
e) Or any other disease.
f) Binocular Vision & Grade

g) Special Examination

i. Myopia only if more than 2.50
ii. Hypermetropia only if more than 3.50 including Astigmatism
iii. No disease of eye
iv. Color Vision (Should recognize Red and Green)
v. Diaphragms Test
vi. Night Visual Capacity
vii. Convergence C……..cms

SC……..cms

viii. Accomodation R……..
L……

Remarks
Date…….

Signatory of Eye Specialist
With Stamp

EAR, NOSE AND THROAT

20. (a) Ear

(i) Hearing	R	L	Both
FW	Cms	Cms	
CV			
(ii) External Ear	R	L	
(iii) Middle Ear (Tympania Membrance & Eustachian Tube)			
(iv) Inner Ear(Cochled & Ventibutar Apparatus) (v) Audiometric Record			
(b) Nose			
(c) Throat			

Remarks
Date…….

Signatory of Dental Specialist
With Stamp

FINAL OBSERVATIONS

Date…….

Signatory of Director DSPA