GENERAL HEALTH PROFILING OF STUDENTS

COLLEGE NAME _____

1. Personal Information:

i	Roll No	
ii	Name	
iii	Father Name	
iv	CINC/B Form Number	
v	Gender	
vi	Age & Date of Birth	
vii	Class	
viii	Contact Number of Parents	

2. Basic Medical History

i	Overall General Physical Health on Appearance	
ii	Height	
iii	Weight	
iv	Blood Pressure	
v	Temperature	
vi	Pulse Rate	
vii	Blood Group	

3. General Mental Health

i	History of Smoking / any other substance /drug abuse	Yes / No	If yes, then explain
ii	Habit of rubbing away/ bunking routine classes	Yes / No	If yes, then explain
iii	Social Media Post / other pointers of interest towards substances / drug abuse e.g. tattoos, stickers on vehicle / books etc.	Yes / No	If yes, then explain
iv	A decline in academic Performance / physical activity.	Yes / No	If yes, then explain

Stamp and Signature of Principal _____

Stamp and Signature of Medical Officer / Health Officer _____