

## Health Inspection Record

Dated: \_\_\_\_\_

Cadet No. \_\_\_\_\_ Name \_\_\_\_\_ Class \_\_\_\_\_

Home Address: \_\_\_\_\_

F/Guardian's Name \_\_\_\_\_

\_\_\_\_\_ Mobile No. \_\_\_\_\_

**(A) OPINION OF GENERAL PHYSICIAN**

Have you ever or now have any of following?

Yes

No

Explain

1. Asthama

\_\_\_\_\_

2. Tuberculosis

\_\_\_\_\_

3. Diabetes

\_\_\_\_\_

4. Allergies

\_\_\_\_\_

5. Peptic Ulcer

\_\_\_\_\_

6. Stomach Trouble

\_\_\_\_\_

7. Hernia

\_\_\_\_\_

8. Rectal bleeding

\_\_\_\_\_

9. Abdominal distension

\_\_\_\_\_

10. Fits

\_\_\_\_\_

11. Appendicitis

\_\_\_\_\_

Are the following paired organs intact and normal, so far as you know?

Yes

No

Explain

Tests

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Kidneys

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Lungs

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Any other health problem

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Including hospitalization

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Following blood investigations reports from Authentic laboratory must be attached:

- Blood group
- Blood C.P. ESR
- HBs – As
- HIV – Abs
- Urine DR
- X-ray chest with report

Signature \_\_\_\_\_

With Seal

Name of Consultant \_\_\_\_\_

Designation \_\_\_\_\_

**(B) OPINION OF ORTHO: SURGEON:**

Have you ever had, or now have an injury to any of following?  
Please note weather injury/fracture was to right or left sides.

	Yes	No	Explain
1. Foot			
<hr/>			
2. Ankle			
<hr/>			
3. Lower Leg			
<hr/>			
4. Knee			
<hr/>			
5. Thigh			
<hr/>			

6. Hip/Grain

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7. Back ribs

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8. Shoulders

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9. Elbow

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10. Wrist

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11. Is there Flat foot

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12. Any other dislocation of any bone

Signature \_\_\_\_\_

with Seal

Name of Consultant \_\_\_\_\_

Designation \_\_\_\_\_

Attention: Fill all above columns by the concerned Medical Consultants, attached

Required medical reports and submit it on the address of Principal & Project

Director, Cadet College Larkana. Cell: 0744080091-96

## Undertaking

### Dear Parent/ Guardian

Please read and sign and also have your son read and sign the following statement concerning the potential hazards and possible injuries resulting from participation in various outdoor activities.

I, \_\_\_\_\_ understand that my son can be injured while  
(Parent or Guardian)  
Participating in the practice and participation in various outdoor activities. These injuries could be fatal or lead to permanent physical damage and disability With this understanding.

I am aware that the coaches of Cadet College Larkana will instruct my son not to use his head or equipment in any way that would come an injury. I also give permission for the Cadet College Larkana medical Officer to evaluate and treat or seek the appropriate treatment for my son's injuries as needed.

I have read this statement and discussed it with my son and understand its contents and importance to the participation in outdoor activities.

\_\_\_\_\_  
Signature of Parent/guardian.

Dated: \_\_\_\_\_

I have need this statement and discussed it with my parent/guardian and understand its Contents.

\_\_\_\_\_  
Signature of Cadet

Dated: \_\_\_\_\_

Write Cadet No. & Name \_\_\_\_\_