PRISONER MEDICAL CARD

PERSONAL INFORMATION.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Prisoner |  | Jail Admission No. |  |
| Parentage |  | Date of admission. |  |
| Age |  | Status (UT,CT,UCCP,CP) |  |
| Sex |  |  |  |
| Weight |  |  |  |
| Height |  |  |  |
| CNIC Card No. |  |  |  |
| Telephone No. |  |  |  |

PREVIOUS HISTORY OF ILLNESS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No.** | **Nature of disease** | **Yes** | **No** |
|  | Diabetes Mellitus |  |  |
|  | Hypertension |  |  |
|  | I.H.D. |  |  |
|  | Hepatitis B or C |  |  |
|  | HIV/AIDS |  |  |
|  | TB |  |  |
|  | Asthma |  |  |
|  | Any other disease |  |  |

HISTORY OF ALLERGIES.

**Drug**

**Others**

**PERSONAL HISTORY.**

**Smoking**

**Addiction**

**Else**

**GENERAL PHYSICAL EXAMINATION.**

|  |  |  |
| --- | --- | --- |
| Sr.No. | Description | Status |
|  | Height |  |
|  | Weight |  |
|  | Pulse |  |
|  | Temperature |  |
|  | Any Physical Disability. |  |

Blood Pressure.

Respiratory Rate\_\_\_\_\_\_\_\_\_\_/min.

|  |  |
| --- | --- |
| 1. Central Nervous System
 |  |
| 1. Cardiac Vascular System
 |  |
| 1. Gastro Intestinal System
 |  |
| 1. Respiratory System
 |  |

Remarks:

|  |  |
| --- | --- |
| Signatures of Asstt. Supdt. | Medical Officer |
| (Incharge admission) |  |