Medical Report

جامعة دار الحكمة
DAR AL-HEKMA UNIVERSITY

التقرير الطبي

Student Name: ..... Age: ..... University ID: .....

- **In Case of Emergency:**

Name: ..... Contact Number: ..... Relation: .....

- **Insurance (if present):**

Name..... Hospital: .....

- **Medical History:**

Symptoms	Yes	No	Symptoms	Yes	No
High Blood Pressure			Diabetes		
Heart Disease			Epilepsy		
Asthma			Anemia		
Tuberculosis			Ear disease		
Anxiety/Depression			Muscular disease		
Visual Problem			Renal Problem		
Menstrual Disorder			Recurrent Headache		
Other: If yes, explain					

- **Examination:**

Height:	
Weight	
Blood pressure	
Heart	
Abdomen	
Chest	

- **Allergies:**

Type	Yes	No
Food		
Medicine		
Other: If yes, explain		

- **Investigation:**

Blood Sugar	
Urine analysis	
Chest X-Ray	
Blood Type	

- **History of vaccination:** Taken ☐ Not Taken ☐

Comments: .....

Hospital Stamp:

Physician's Signature: ..... **Date:** .....