



AMALA INSTITUTE OF MEDICAL SCIENCES

AMALANAGAR, THRISSUR-680555, KERALA, PH. 0487-2304154

UNDERGRADUATE STUDENT HEALTH RECORD

STUDENT INFORMATION

NAME	
DATE OF BIRTH	
AGE	
DATE OF ADMISSION/ BATCH	

PERSONAL HEALTH RECORD

1. Past medical/ surgical history :
2. H/o any chronic illness :
3. H/o any regular medication :
4. H/o any allergy :

MEDICAL EXAMINATION

Examined on (Date)	--/--/--	--/--/--	--/--/--
	Findings	Findings	Findings
Appetite			
Sleep			
Menstrual History (if applicable)			
Height			
Weight			
BMI			
Pallor/ Icterus			
Clubbing/Cyanosis/ Lymphadenopathy/Pedal edema			

Skin			
Vision			
Blood Pressure			
Pulse rate			
Oral cavity			
Thyroid			
Respiratory System			
Cardio-Vascular			
G.I. System			
Nervous System			
Others			
Haemoglobin level			

IMMUNIZATION HISTORY

SL. NO.	VACCINES	DATE	REMARKS
1	Tetanus Toxoid		
2	Hepatitis B		
3	Others		

PERCEIVED STRESS SCALE 4 (PSS-4)

Instructions: The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH. In each case, please indicate your response by (ticking) selecting the option representing HOW OFTEN you felt or thought a certain way.

Response Options: 0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Fairly Often, 4 = Very Often

Question	0 Never	1 Almost Never	2 Sometimes	3 Fairly Often	4 Very Often
1. In the last month, how often have you felt that you were unable to control the important things in your life?					
2. In the last month, how often have you felt confident about your ability to handle your personal problems?					
3. In the last month, how often have you felt that things were going your way?					
4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

SELF DECLARATION FOR TETANUS VACCINATION

Name:

Date of examination :

DECLARATION

I, Ms./Mr. _____ hereby declare that I have been vaccinated with _____ in the year _____. However, I do not have the certificate of the same.

I assured you that this information is true and I shall be responsible for any consequences related to this decision.

Date:

Name & Signature:

Place: