## 85. MEDICAL HISTORY SHEET

Company / Police Station/unit ……

Number ……

Rank and name ……

Enlisted ..……

Age on enlistment ……

Native place …….

Height ……..

Chest ……

Identification marks (1) ……

(2) ……..

| Hospital | Date of | | Duration of treatment | In-patient or out-patient |
|---|---|---|---|---|
| | Admission | Discharge | | |
| | | | | |

| Disease | Remarks on treatment:-<br><br>1. Whether injected for V.D.<br>2. Dates of T.A.B. inoculation.<br>3. Signature of Medical Officer.<br>4. Whether sent on medical leave after discharge from hospital? |
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