**Proforma for Health Screening of Prisoners on admission to Jail**

Case No:

Name: …………………..……………………………………………………………… Age…….. Sex ……………. Thump

Impression ………………………………………………………………………………………………………………………………………………..

Father’s / Husband’s Name ………………………………………………………………………………………………………………………

Date & Time of admission in the Prison ……………………………………………………………………………………………………

Identification Marks ………………………………………………………………………………………………………………………………….

**Previous History of illness:**

Are you suffering from any disease? Yes/No

If so, the Name of the disease ………….

Are you now taking medicines for the same Yes/No

Are you suffering from cough that has lasted for 3

Weeks or more Yes/No

History of drug abuse, If any ………….

Any Information the prisoner may volunteer

**Physical Examination:**

Height …………. Cms. Weight ………… kgs.

Last Mensuration Period …………………………………………………………….

1. Pallor Yes/No 2) Limp nods enlargement Yes/No
2. Clubbing Yes/No 4) Cyanosis Yes/No

5) Uterus Yes/No 6) Injury, If any ………………………………………………….

7) Blood test for Hepatitis/STD including HIV (with the inform consent of the prisoner whenever

required law)

8) Any other ……………………………………………….

**System – Examination:**

1. Nervous System
2. Cardio Vascular System
3. Respiratory System
4. Eye, Ear
5. Gastro Internal System abdomen
6. Teeth Gum
7. Urine / Committal System
8. Mental and Psychological Status

The medical examination and Investigation were conducted with consent of the prisoner after explaining to him/her that it was necessary for diagnosis and treatment of the disease from which/he/she may be suffering.

Date of commencement of medical Investigation.

Date of completion of medical Investigation.