



THE RAWALPINDI WOMEN UNIVERSITY

GENERAL HEALTH PROFILING FOR STUDENTS

Part-A (Basic Personal Information)

Name of Student: _____ Father's name: _____

Program Enrolled: _____ Semester: _____

Date of Birth: _____ CNIC No. _____

Contact No. _____ Email: _____

Residential Address: _____

Part-B (Overall General Physical Examination) To be filled by Paramedic Staff

Sr. #	Indicator	Details
1.	Height	
2.	Weight	
3.	Blood Pressure	
4.	Temperature	
5.	Pulse Rate	
6.	Respiratory Rate	
7.	Blood Group	
8.	Over all General Physical Health on Appearance	
9.	Any obvious structural abnormality on inspection	
10.	Any superficial cuts, needle marks, or burn marks on skin	

Signature of the Paramedic Staff with Office Stamp

Date:

Part-C: (Covid-19 Vaccination)

COVID-19 VACCINATION	
Corona Vaccinated (Yes/No)	
Vaccine Dosage (1 or 2)	
Name of Vaccine	
Name of Health Center	
Date of Vaccination	

Provide Immunization Vaccination Certificate for Covid-19.

Part-D: (History) To be Filled by Staff & verified by Recognized Medical Professional (RMP)

SR#	INDICATOR	GOOD	AVERAGE	POOR
1.	Family History of Any medical or Psychiatric Illness			
2.	Past Medical & Surgical History. If any			
3.	History of Substance abuse in family			
4.	Decreased appetite & loss of weight			

Signature of the Medical Officer with Office Stamp
Date:

UNDERTAKING

I _____ daughter of _____ hereby declare that details furnished above are true and correct to the best of my knowledge. In case any of the above information is found to be false or in correct, I am aware that I may be held liable for offence under all applicable rules of the University.

Signature of the Student
Date: _____

Signature of Parent/Guardian
Date: _____