



Round 2 of the FMSCI INRC 2022
Medical History form

Comp. No : _____

DRIVER : _____ **Blood Group** : _____

Co – DRIVER: _____ **Blood Group** : _____

The following information is required as a precautionary measure in case of emergency.

Please specify

| PARTICULARS | DRIVER | Co-DRIVER |
|---------------------------|-------------------------------|-------------------------------|
| DIABETES | YES/NO | YES/NO |
| FAMILY HISTORY | YES/NO. IF YES MOTHER/FATHER | YES/NO. IF YES MOTHER/FATHER |
| HYPERTENSION | YES/NO | YES/NO |
| FAMILY HISTORY | YES/NO. IF YES MOTHER/FATHER | YES/NO. IF YES MOTHER/FATHER |
| CARDIAC DISEASE | YES/NO | YES/NO |
| FAMILY HISTORY | YES/NO. IF YES MOTHER/FATHER | YES/NO. IF YES MOTHER/FATHER |
| ASTHMA | YES/NO | YES/NO |
| FAMILY HISTORY | YES/NO. IF YES MOTHER/FATHER | YES/NO. IF YES MOTHER/FATHER |
| EPILEPSY | YES/NO | YES/NO |
| FAMILY HISTORY | YES/NO. IF YES MOTHER/FATHER | YES/NO. IF YES MOTHER/FATHER |
| ANY DRUG ALLERGIES | YES/NO. IF YES PLEASE SPECIFY | YES/NO. IF YES PLEASE SPECIFY |
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| Signature with Date | | |