



**Round 1 of the FMSCI INRC 2021**  
**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

<b>PARTICULARS</b>	<b>DRIVER</b>	<b>Co-DRIVER</b>
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
Signature with Date		