

# Student Biodata

**GR Number**

1132

**Date Of Birth**

2012-02-23

**Name**

MUHAMMAD KAIF

**Class**

7

**B-Form Number**

B Form Number

**Age**

12

**Gender**

Male

**School Name**

The SET School

**Contact Number**

Contact Number

Contact Number

**Emergency Contact Number**

03452144495

**Type Of Encounter**

Follow-up Case

# School Health Physician

## Medical History

### Chief Complaints

FOLLOW UP CASE LOW VISUAL ACUITY

### History of Presenting Complaints

PREVIOUS 6/12 B/L

### Review of Systems

DONE

### General

Alert

### Eyes

VA 6/6 B/L WITH GLASSES

### Ears, Nose and Throat

clear

### Teeth

clear

### Cardiorespiratory

CLEAR

**Gastrointestinal**

N/A

**Genitourinary**

N/A

**Neuromuscular**

N/A

**Endocrine**

n/a

**Hematologic**

n/a

**Rheumatologic**

N/A

**Skin**

normal

**Investigations / Laboratory Test Reports**

non

**Medication History**

NON

**Allergies**

**Allergies**

DUST ALLERGY

**Past Medical History**

NON

**Past Surgical History**

NON

**Birth History**

DONT KNOW

**Immunization History**

DONT KNOW

**Growth & Development / Puberty changes**

NORMAL

**Nutrition History**

GOOD

**Family History**

MOTHER HYPERTENSIVE,

**Personal & Social History**

Drink mineral water

# PHYSICAL EXAMINATION

## Vital Signs and Measurements

Blood Pressure (Systolic) Normal

120

Blood Pressure (Diastolic) Normal

80

Temperature Normal

98

Pulse rate Normal

78

Respiratory Rate Normal

15

Weight

56

Height Normal

154

BMI High BMI

23.61

## **General Appearance**

Good

## **Skin**

normal

## **Lymph Nodes**

N/A

## **Head**

N/A

## **Eyes**

VA 6/6 B/L WITH GLASSES

## **ENT**

CLEAR

## **Chest**

CLEAR

## **Heart**

S1S20

## **Abdomen**

SOFT NT

## **Extremities**

N/A

### **Neurologic Examination**

N/A

## **Diagnosis, Impression and Plan**

### **Problem List**

LOW VISUAL ACUITY

### **Impression**

LOW VISUAL ACUITY

### **Provisional Diagnosis**

H52.13-Myopia, bilateral

### **Investigations Recommended**

Select

### **General Advice & Management Plan**

General Advice & Management Plan

### **First Aid Given**

No

### **Follow-up Required**



No

## Refferrals

Internal Referrals

External Referrals



