

Annexure 6: Proforma for Health Screening of prisoners on Admission to prison

Proforma for Health Screening of Prisoners on Admission to prison

Case No.: _____
Name: _____ Age: _____
Sex: _____
Father's /Husband's Name: _____ Thumb impression: _____
Date & Time of admission in the Prison: _____
Identification remarks:

1. Previous History of illness

- a) Are you suffering from any diseases? Yes / No
If so, the name of the disease
- b) Are you now taking medicines for the same Yes / No
- c) Are you suffering from cough that has lasted for 3 weeks or more Yes / No

2. History of drug abuse, if any

Any information that the prisoner may volunteer.....

3. Physical Examination

Height(in cms): Weight (in kg): Last Menstruation period:

- a) Pallor : Yes / No
- b) Lymph node enlargement : Yes / No
- c) Clubbing : Yes / No
- d) Cyanosis : Yes / No
- e) Icterus : Yes / No
- f) Injury, if any :
4. Pathological tests/ X-ray for TB
5. Blood test for Hepatitis / STD including HIV (with the informed consent of the prisoner whenever required by law)
6. Any other.....
7. System examination
- i. Nervous system
 - ii. Cardio Vascular system
 - iii. Respiratory system
 - iv. Eye, ENT
 - v. Abdomen (Gastric Intestinal system (GIT) and other organs)
 - vi. Teeth Gum
 - vii. Urinary System
 - viii. Mental and Psychological status

The Medical examination and Investigations 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

Signature and Seal of the Medical officer