BIBLIOGRAPHY
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**HEALTH STATUS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Name: ____________________________</td>
</tr>
<tr>
<td>2)</td>
<td>Age: __________ yrs.</td>
</tr>
</tbody>
</table>

| a) | Height: __________ Cms. | Weight: __________ Kgs. |
| b) | Pulse: __________ / min. |
| c) | Blood Pressure: a) Systolic: __________ |
|    | b) Diastolic: __________ |
| d) | Heamoglobin: __________ |
| e) | Manstrial History: ____________________________________________ |
| f) | Health Problems: ____________________________________________ |
| g) | Past History: Tuberculosis / Hypertension / Diabetes Mellitus or any other __________ |
| h) | Monthly expenses on health Rs. __________ |
| i) | Any other health related information: ____________________________________________ |

__________________________  __________________________
Signature of Doctor          Signature of Candidate

Date: _____________________  Place: _____________________
Appendix – I contd.

**Do you have any**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hair Problem</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Vision Problem</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Swelling in the neck</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Weakness</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Easy fatigality</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Pains in hand, leg, low back</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Spectacles</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Pains in MC period</td>
<td></td>
</tr>
</tbody>
</table>
Appendix – I contd.

**BODY COMPOSITION**

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Biceps</td>
<td>:</td>
</tr>
<tr>
<td>2) Triceps</td>
<td>:</td>
</tr>
<tr>
<td>3) Sub - Scapula</td>
<td>:</td>
</tr>
<tr>
<td>4) Superailliac</td>
<td>:</td>
</tr>
<tr>
<td>5)</td>
<td>:</td>
</tr>
<tr>
<td>6) Thigh</td>
<td>:</td>
</tr>
<tr>
<td>7) Calf</td>
<td>:</td>
</tr>
<tr>
<td>8)</td>
<td>:</td>
</tr>
</tbody>
</table>

---

Place: ____________________

Date: ____________________  Signature
Appendix – II

JANATA SHIKSHAN PRASARAK MANDAL'S
SMT. VATSALABAI NAIK
MAHILA MAHAVIDYALAYA,
Talao Layout, PUSAD 445 204 Dist. Yavatmal

JAI S. NAIK
President

Dr. UTTAM RUDRAWAR
M.A.,M.Phil.,Ph.D.
Principal

No. NNM 8976/04
Date: 3/2/2004

CERTIFICATE

This is to certify that Miss. Sangita Ramchand Naik has a part at her research work for Ph.D. on "Health Status of Active & non Active college girls and its correlation with some Physiological Parameters". Conducted health camp on 23rd November 2003.

70 girls participated from college in the health camp.

Smt. Vatsalabai Naik Mahila Mahavidyalaya, Pusad