

MEDICAL EXAMINATION FORM

FOR ADMISSION TO B.SC NURSING COURSE

1. Name :

2. Address :

3. Family History :

A. Have any of your relatives had a nervous or renal disorder?

B. Have any of your relatives had tuberculosis?

C. Have any of your relatives had any chronic and / or debilitating disease?

4. Personal History :

A. Has applicant ever suffered from any of the following disease?

B. Tuberculosis.

C. Cardiac Disease.

D. Gastro Intestinal Disorder.

E. Cholesystic / Chlelitihsais.

F. Mental or Nervous Disabilities.

G. Arthritis.

H. Any other specify.

5. Had applicant typhoid fever or anti-typhoid inoculation, Date, when was applicant last successfully vaccinated.

Against Tuberculosis Date:

Result:

6. Physical Examination.

1. General Development	Weight	Height	Posture
2. Any recent change in Weight			
3. Skin			
4. Ears	Hearing		
5. Eyes	Sight	Right Eye	Left Eye
6. Conditions of Teeth & Gums.			
7. Lung		Pulse Rate	
8. Heart		Is she Anaemic?	
9. Varicose Veins			
10. Abdomen	Liver	Spleen	
11. Abnormalities of Fasces			
12. Urine Examination Report			
Colour		Specific Gravity	Albumin
Sugar		Castes	
13. Blood	Hb	RBC	WBC
	ESR 1 st Hr.		TC
	2 nd Hr.		DC

14. Menstruation

Regular does it interfere with her regular activities.

15. Are there any facts known to you not brought out in the foregoing your examination, affecting or likely to effect the health of the applicant.

Signature of Medical Examiner with Official Seal & Registration Number.

Address:

Date:

Report of X-Ray of thorax

Name of Candidate

Diaphragm

Skiagram

Heart_____

Signature of Medical Examiner with Official Seal & Registration No:

Address:

Date: