

# 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 <sup>st</sup> Hr. |                  | TC       |
|                                | 2 <sup>nd</sup> 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: