



Aliyah University
DEPARTMENT OF NURSING
MEDICAL EXAMINATION FORM
FOR ADMISSION TO B. SC. NURSING COURSE

Date of Examination:// 2025

1. Name (in BLOCK letters):

2. Age:

3. Address:

4. 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?

5. Personal History:

Has applicant ever suffered from any of the following disease?

A. Asthma:

B. Tuberculosis:

C. Cardiac Disease:

D. Gastro Intestinal Disorder:

E. Cholecystic/Chlelithisis:

F. Mental or Nervous Disabilities:

G. Arthritis:

H. Convulsion:

I. Any other specify (Surgeries, if any):

6. Had applicant have typhoid fever or anti-typhoid inoculation? Date when was applicant last successfully vaccinated.

Against Tuberculosis:

Date:

Result:

Hepatitis B vaccination:

TT vaccination:

Covid 19 vaccination: (Date)

1st Dose:

2nd Dose:

Booster Dose:

7. A. Physical Examination:

i. General development: Good/Fair/Poor

Weight:

Height:

Chest Circumference:

Posture:

ii. Any recent change in Weight?

iii. Skin:

iv. Ears:

Hearing:

v. Eyes:

Right Eye:

Left Eye:

Colorblindness:

vi. Conditions of Teeth & Gums:

vii. Lungs:

viii. Heart:

Pulse Rate:

BP:

ix. Varicose Veins:

x. Abdomen:

Girth:

Liver:

Spleen:

xi. Nervous system:

xii. Loco-motor system: (any abnormality)

B. Blood:

HB:

RBC:

WBC:

ESR:

1st Hr.:

2nd Hr.:

Blood Group:

Serology:

Hepatitis B:

Hepatitis C:

HIV:

C. Urine Examination (RE/ME):

Colour:

Specific Gravity:

Albumin:

Sugar:

Cast:

Cell:

D. Stool Examination (RE/ME):

E. Menstruation Regular does it interfere with her regular activities:

Are there any facts known to you, not brought in the forgoing your examination,
Affecting or Likely to effect the health of the applicant.

F. Report of X-Ray Chest:

Name of the Medical Officer:

Registration Number:

Address:

Date:

Signature with Seal

8. PSYCHOLOGICAL EVALUATION DOCUMENTS FROM A COMPETENT LICENSED MEDICAL PRACTITIONER.

NB: CANDIDATES ARE INFORMED TO BRING ALL THE REPORTS ALONG WITH THIS MEDICAL EXAMINATION FORM.