



Aliyah University

Department of Nursing

Medical Examination Form for Admission to B.Sc. in Nursing course

Date of Examination:// 2024

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 in oculation? 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

Signature of the Medical Officer:

Registration Number:

Address:

Date:

Official Seal