

Aliah University
Department of Nursing

**MEDICAL EXAMINATION FORM
FOR ADMISSION TO B.SC NURSING COURSE**

1. Name : (in BLOCK letters)

Date of examination:

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. Cholelithiasis / Cholecystitis.

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:

Hep B vaccination:

TT vaccination:

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

Color blindness

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 :

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 Medical Examiner with Official Seal & Registration Number.

Address:

Date: