

# 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 :**

Any medical or surgical disorder like - nervous or renal disorder, tuberculosis, chronic and / or debilitating disease.

Yes/ No. If yes then mention \_\_\_\_\_

**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 / Cholelithiasis.

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: (Attach original test reports wherever applicable)**

i. General development – Good /Fair/ Poor

Weight

Height

Chest circumference

Posture

ii. Any recent change in Weight?

iii. Skin:

iv. Ears :

Hearing Right Ear

Hearing Left Ear

