KASTURBA COLLEGE OF NURSING
HABIBGANJ, BHEL, BHOPAL (M.P.) 462024

MEDICAL EXAMINATION REPORT

Recent photograph of applicant

To be completed by the applicant, who is responsible for answering each question accurately.*
Full Name and permanent address (please type or use block capitals)

_____

_____

_____

Gender: Male/Female

Date of Birth _____

Do you have or had any of the following?

* If there are any terms on the attached list which are not understood, please consult your Doctor.

	No	Yes	Year
Measles			
German Measles			
Chicken Pox			
Whooping Cough			
Scarlet Fever			
Mumps			
Rheumatic Fever			
Congenital Anomalies			
Tuberculosis			
Pneumonia			
Pleurisy			
Asthma			
Chronic Bronchitis			
Recurrent Tonsilitis			
Recurrent Sinusitis			
Frequent Nose Bleeding			
Heart Valve Disease			
Chest Pain			
Irregular Heart Beats			
High Blood Pressure			
Varicose Veins			
Inflammation in Veins			
Embolism or Thrombosis			
Intermittent Limping			
Gastric or Duodenal Ulcer			
Chronic Gastritis			
Recurrent Indigestion			
Gall Bladder Disease			
Jaundice			
Liver Disease			
Severe Intestinal Infections			
Haemorrhoids			

	No	Yes	Year
Blood Vomiting or Blood in Stools			
Urinary Tract Infections			
Blood in Urine			
Urinary Tract Stones			
Renal Disease			
Difficulties in Passing Urine			
Urinary Test Strictures			
Goiter			
Thyrotoxicosis			
Myxoedema			
Diabetes			
Other Endocrine Diseases			
Frequent Headaches			
Migraine			
Poliomyelitis			
Epilepsy			
Nervous Breakdown			
Psychiatric Disease			
Trachoma			
Cataract			
Other Severe Eye Diseases			
Skin Disease			
Allergy			
Severe Anaemia			
Pernicious Anaemia			
Other Severe Blood Disorders			
Malaria			
Other Tropical Diseases			
Any Malignant Diseases			

Any Surgical Operations?

	Operation	Year
(a)	_____	.....
(b)	_____	.....
(c)	_____	.....
(d)	_____	.....

Serious Accidents

	Injury	Year
(a)	_____	.....
(b)	_____	.....
(c)	_____	.....
(d)	_____	.....

Other Diseases:

Are your menstrual periods regular? .....

Do you have severe pain during your periods? .....

Do you often have to stay at home during your periods? .....

When was your last period? .....

Do you take any medicines during your periods? .....

Which of the following vaccinations have you had? :

	Yes	No	Year
Smallpox	.....	.....	.....
Tuberculosis	.....	.....	.....
Whooping Cough	.....	.....	.....
Tetanus	.....	.....	.....
Diptheria	.....	.....	.....
Cholera	.....	.....	.....
Yellow Fever	.....	.....	.....
Measles	.....	.....	.....
German Measles	.....	.....	.....
Hepatitis	.....	.....	.....
Others (specify)	.....	.....	.....

Signature of the candidate..... **Date:**.....
(to be signed in the presence of examining Doctor)

Part 2 : MEDICAL EXAMINER'S REPORT

IMPORTANT : The Objective of the examination is to determine that the candidate is physically and mentally fit to undergo the Bsc Nursing Course at Kasturba College of Nursing Bhopal M.P.

Height: cm. **Weight kg.**
Blood Pressure Systolic mmHg Diastolic mmHg
Pulse: /min Quality: Regular? Well filled?
Urine: Spec. Gr. Sugar: Albumen: Sediment:
Blood: Hb: Group

General Appearance:

Consistent with stated age?

Cyanosis ? Jaundice? Pallor?

Other observations:

Eyes: Vision: R: L Corrected: R: L:
Pupils:
Eye movements:
Cataract: R: L
Trachoma: R: L
Fundus: R: L
Other observations:

Ears: Hearing: R: L

Ear Drums: R: L

Nose and Throat : Mouth and Teeth:

Heart and Circulatory:
Heart Rate : /mins
Heart Sounds
Heart Rhythm:
Palpable Arteriosclerosis:
Varicose Veins:
Odemas:

Chest :
Configuration:
Movements:
Respiratory Sounds:
Respiration: /min

Abdomen: Liver:
Spleen:
Palpable lumps:
Kidneys:
Hernias:

Reproductive Systems:(including breasts)

Psychiatric: Mood:
Stability:
Sleep:

Neurological:
Paresis:
Reflexes:

Upper Limbs

Lower Limbs:

Skin:

Other Observations: HIV & HBSAg Test
(ATTACH THE MEDICAL REPORT)

Signature of the examining Doctor ..... **Date:**.....

NOTE: THIS MEDICAL REPORT SHOULD BE STAMPED OR SEALED.

Name (Block letters please), Degree and Address.

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