

D. MEDICAL EXAMINATION

Height : Weight : B.P. :
Nutritional Status : Posture : Skin :
Vision : Hearing : Dental :
C.V.S. : Respiratory System : G I System :
Genito Urinary : Musculo Skeletal System :
Endocrine System : Central Nervous System :

E. LABORATORY FINDINGS :

Blood : Urine : Faeces :
X-ray : Others : Blood Group :

F. VISIBLE IDENTIFICATION MARKS

- 1.
- 2.

F. REMARKS : Place (✓) Mark : Medically Fit (or) Unfit

Place :

Date : Name of the Doctor :

Seal :

Signature &
Qualification of the
Medical Practitioner :

Reg. No. :

Address :

UNDERTAKING BY THE STUDENT & PARENT

My daughter/son is not suffering from any disease which will cause / interfere / difficult to pursue this nursing course which warrants termination or dismissal from the college.

Signature of the Student

Signature of the Parent / Guardian

Date :

Place :

Note : If any student is found to be medically unfit, she / he will be asked to discontinue the course.
If any existing illness detected subsequently, the student will face termination.