

(MEDICAL CHECKUP FORM)

Diploma in General Nursing & Midwifery Course

Roll No. _____

Dated: _____

Photograph

Full Name (in Capital) :.....
Father's Name :.....
Permanent Address :.....
Date of Birth (in words) :.....
(in figure) :.....

By Physician:

General Examination:

Appearance

Weight

Height

Skin

Pulse

Anaemia

B.P

Jaundice

Oral Cavity

Lymph Nodes

Nails

Spins

C.V.S

Respiratory System

Abdomen

C.N. System

Remarks

Fit/Unfit

Signature
(with Seal & Date)

By Ophthalmologist:

V/A :

Using/not using glasses :

Color Vision :

Fundus :

Remarks

Fit/Unfit

Signature
(with Seal & Date)

Countersigned by C.M.O./M.O./Incharge, Government Hospital
(with Seal & Date)