

BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE
DHR, Ministry of Health & Family Welfare, Govt. of India
BHOPAL NURSING COLLEGE, BHOPAL
MEDICAL EXAMINATION FORM

Note: Medical examination has to be done from Govt./State Hospital, if reports found false, admission will be cancelled. Candidate should present original medical fitness certificate at the time of counseling.

Name of Candidate _____

Name of the Course _____

Entrance Examination Roll No. _____

Address of the Candidate _____

Session _____

Instructions for the academic section
(To be followed now and during the course of student's academic period)

Member of the Medical Board

CANDIDATES STATEMENT & DECLARATION

The candidate must make the Statement required below prior to his Medical Examination and sign the Declaration appended there to. His/her attention is specially directed to the warning in the note below:

1. Name (in Block Letters) : _____
2. Age & Date of Birth : _____
3. Place of Birth : _____
4. Marital status: _____
5. Name the diseases you have suffered in the past : _____

6. Are you being treated for any disease at present : _____

7. Have any of your near relations been affected with any psychiatric disorder, tuberculosis, diabetes mellitus, allergic disorders, gout, excessive bleeding : _____.
8. Are you allergic to any substance/drug: _____
_____.
9. Have you been immunized against the mentioned disease please give date of vaccination :
 - a. Small Pox : _____
 - b. Polio : _____
 - c. Diphtheria : _____
 - d. Tetanus : _____
 - e. Tuberculosis : _____
 - f. Others: _____

All the above answers are to the best of my belief, true and correct.

Candidate's Signature

Candidate : _____

1. The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information the candidate will incur the risk of losing the admission.
2. Please put your name on all the pages indicated.

PHYSICAL EXAMINATION

1. General development _____ Good _____ Fair
_____ Poor _____ Height (without shoes) _____
Weight _____ Temperature _____.

Girth of Chest

1. After full inspiration.
2. After full expiration
2. **Skin** : Any obvious disease _____

3. **Eye** :

- a. Any disease _____
b. Night blindness _____
c. Defect in colour vision _____
d. Field of vision _____
e. Visual Acuity _____

Acuity of Vision	Naked eye	With glasses	Strength of Glass Sph.Cyl.Axl
	RE		
Distant Vision	LE		

OPHTHALMOLOGIST OPINION

Fit/Unfit

SIGNATURE OF OPHTHALMOLOGIST

4. Ear Inspection _____ Hearing _____
Right Ear _____ Left Ear _____
5. Lymph glands _____ Thyroid _____
6. Condition of teeth _____
7. Respiratory system, does physical examination reveal anything abnormal in the respiratory system, if yes, explain fully.

8. Circulatory system, pulse/min: _____
9. Heart is : Any organic lesion: _____
10. Abdomen _____ Tenderness _____
Hernia _____

a) Palpation

Liver _____ Spleen _____ Kidneys _____
Tumors _____

11. Nervous system

Loco motor system : Any abnormality

12. Genito Urinary system : Any evidence of hydrocele/varicocele etc

13. Urine Analysis

- | | |
|---------------|-----------|
| a. Appearance | b. Sp. Gr |
| c. Albumin | d. Sugar |
| e. Casts | f. Cells |

Name of the candidate

Signature of candidate _____

14. Any history of substance use/abuse

a. Tobacco _____

b. Alcohol _____

c. Others _____

15. Any history of Mental Health problem:

16. Any other :

FINAL ASSESSMENT OF THE MEDICAL BOARD

The Board should record their findings under one of the following three categories

i) Fit for pursuing the course: _____

ii) Unfit for pursuing the course on account of: _____

iii) Temporarily unfit on account of : _____

1. MEMBER (PHYSICIAN-M/F) _____

2. MEMBER (OPHTHALMOLOGIST) _____

Date :