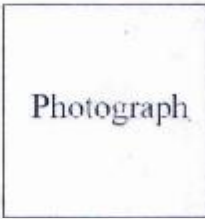


(MEDICAL CHECKUP FORM)

Diploma in General Nursing & Midwifery Course

Roll No. _____

Dated: _____



Full Name (in Capital) :

Father's Name :

Permanent Address :

Date of Birth (in words) :

(in figure) :

By Physician:

General Examination:

Appearance

Skin

Anaemia

Jaundice

Oral Cavity

Lymph Nodes

Nails

Spins

C.V.S

Respiratory System

Abdomen

C.N. System

Weight

Pulse

B.P

Height

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)