

# MEDICAL - FITNESS CERTIFICATE

The Medical Examiner is requested to make a careful physical examination, otherwise defects found after her admission may lead to the rejection of the applicant.

1. Name of the Applicant ..... Surname.....
2. Weight.....Kg. Height.....Cm.
3. Medical History of Applicant:  
Childhood Diseases .....Other Diseases.....  
Operations .....Injuries.....
4. Medical history of family, with special reference to chronic illnesses such as tuberculosis and mental or nervous disorders - Epilepsy.  
.....
5. Condition of:  
Eyes.....Throat.....Ears .....  
Sinuses..... Nose..... Thyroid.....  
Skin..... Glands.....
6. Headache: Seldom..... Often..... Always.....
7. Lungs.....
8. Heart.....
9. Rate and Rhythm of Pulse.....Blood Pressure .....  
Abdomen: Scars.....Tenderness.....
10. Palpable Masses.....
11. Urine : Albumin.....Sugar.....12.Stool.....
13. Blood : Hb..... Group..... Rh..... E.S.R .....  
WBC..... DC .....
14. Menstrual history : Regular.....Irregular.....  
How long? ..... Pain ..... Is Bed rest required .....
15. Posture .....
16. Has the applicant any physical handicaps or blemishes?.....
17. A Large X-Ray film of chest with report, taken within 3 months of the actual admission is required. **X-RAY HAS TO BE PRODUCED AT THE TIME OF ADMISSION.** Report can be sent with this form.
18. Do you consider the applicant mentally and physically fit for nursing?..... I have this day given Miss .....a careful physical examination and found her in ..... health.

Date.....

Signature and Reg. No. of Medical officer  
Hospital Seal