

Madurai Apollo College of Nursing (A unit of Apollo Hospitals Educational Trust)

MEDICAL FITNESS FORM

Please affix Professional passport size colour photograph with white background

Name of the c	andidate						
Date of Birth							
Residential Add	ress						
A) Family Heal	th						
Relationship	Age	History of hereditary diseases, Communicable diseases & Mental		If Deceased			
	7.90	illness, ect.,		Date	Cause		
Father							
Mother							
Brother							
Sister							
Others							
B) Personal He	ealth						
Past illness: If any	y, specify the i	Iness and treatment.					
C) Present h	ealth statu	IS.					
Physical Health -		Appetite -					
Bowle pattern -		Sleep -					
D) Menstrua	D) Menstrual Periods :						
	Duration	Frequency	Interval				

E) Physical Examina	ation						
Height	:	Weight	:	B.P :			
Nutritional Status	:	Posture	:	Skin :			
Vision	:	Hearing	:	Dental:			
C.V.S	:	Respiratory System	:	Dental:			
Genito Urinary	:	Musculo Skeletal System:					
Endocrine Systen	n:	Central Nervous Sy	stem				
F) Laboratory Findin Blood group -	ngs	Blood Routine (C	BC) -				
Urine Routine -		If any chest illness	(X-ray) -				
Faeces -		Others	-				
G) Visible identificat 1. 2. REMARKS:	ion marks	Place (✓) Mark: N	ledically Fit or U	nfit :			
PLACE: DATE: SEAL:		NAME OF THE DOC'SIGNATURE & QUAIMEDICAL PRACTITIREG. NO:ADDRESS:	LIFICATION OF TI	HE			
pursuing the N.B.: Any st illness detecte admission an	I / My daughter nursing course sudent if found ed subsequently id if detected	which warrants terr medically unfit, she way y, student will face te by the institution, s	any illness whice mination or discontinue will discontinue rmination. Any in the has to pay	ARENT ch will cause / interfere missal from the colleg the course. Any existinillness unrevealed during the existing year fee dentified after admission	e. ng ng s.		
Signature of the	e student		Signa	ture of the Parent / Guardia	n		
Date :							
Place :							
			Signa	ature of the Principal			