

Doon Institute Of Medical Sciences, Faculty Of Nursing

Medical Examination Form

Form No:

1. Candidate Name:

2. Age..... Gender.....

Self Declaration

S. No.	Particulars	Yes/No (If yes , give details)
1.	Are you currently being treated by any doctor for any (Physical or Mental) illness?	
2.	Are you currently taking any medications including inhalers?	
3.	Are you allergic to anything?(including medicines)	
4.	Have you been exposed to any toxic substances or Environmental hazards?	
5.	Past History of any major illness or surgery	

.....

Signature of Candidate

Doon Institute Of Medical Sciences, Faculty Of Nursing

Medical Examination & Fitness Tests

Form No:

- General Clinical Examination by Physician:

S. No.	Test Prescribed	Test Report	Remark
1.	TLC, DLC, ESR, Hb%		
2.	Blood Group(with RH)		
3.	Blood Sugar – Random		
4.	Urine Routine/Microscopic		
5.	X-Ray Chest – PA		
6.	Vision(R/L)		
7.	Hearing(R/L)		
8.	U.P.T.(for female – if applicable)		
9.	Psychological Assessment		

MEDICAL CERTIFICATE

This is to certify that Mr./Mrs./Miss.....is examined by me and is found fit for duty from.....His/Her identification mark is.....

Sign/Thumb Impression
the patient duly checked
by the Doctor

Signature of the Doctor of
(with rubber stamp) Attested
Dated.....