



COLLEGE OF NURSING, GIMS

Greater Noida, Gautam Buddha Nagar-201310, Tel-0120-2341738, 7303884227

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(An Autonomous Institute under Govt. of U.P)

STUDENT MEDICAL EXAMINATION PROFORMA – 2023

- Name of Student.....DOB:..... Sex- M / F
- Father's Name.....
- Address with Mobile No.....
.....
- Identification Mark as in application form:
(a) (b)

Nominated Member Sign.

Signature of Student

Date:.....

Investigation:								
CBC:		Blood sugar: RBS.....		Blood Urea / S Creatine -				
X-ray chest (No.....Date.....)				Blood Group:				
.....Other:.....								
Physical Capacity								
(i) Height.....cm (ii) Weight actual.....Kg (iii) Ideal Wt.....Kg (iv) BMI..... (v)								
Waist.....cm								
(vi) Chest Full Expiration.....cm (vii) Range of Expansioncm								
1. Surgery: (a) Locomotors System NAD/ (b) Spine NAD/								
Other:-								
2. EYE: (a) Distant Vision		R	L	(b) Near Vision		R	L	Other:-
Without Glasses				Without Glasses				
With Glasses				With Glasses				
3. ENT: (a)Hearing		R	L	Both		Audiometry record		
FW		cms	cms	cms				
CV		cms	cms	cms				
TM, Nose, Throat & Sinuses								
4. Gynaecological Exam (For Female Candidates)								
5. Medicine:								
(i) Pulse...../m		(ii) Resp.....		(iii) BP.....mm/Hg				
(iv) CVS.....								
(v) Respiratory System								
(vi) Gastro Intestinal System								
(vii) Central Nervous System								
Any other Physical/ mental disability.....								
This is to certify that Mr/Ms..... who has been allotted College of Nursing, GIMS, Greater Noida for BSc Nursing Course is found eligible/ illegible after medical examination.								
Member Secretary				Chairperson				