

**MEDICAL CERTIFICATE FOR ADMISSION IN G.N.M. NURSING COURSE**

1) Name of the Candidate (in block letter):

2) Father's/ Guardian's Name :

3) Date of Birth :

4) Address a) Permanent :

b) Present :

**A. History of Illness**

a) Past and Present :

b) Family History :

**B. Physical Examination**

1) Height :

2) Weight :

3) Physical Built :

4) Deformity :

5) Posture & Gait :

6) Condition of Skin & Mucous Membrane:

7) Teeth & Gum :

8) Hearing :

9) Mental Alertness :

Photo to be  
attested by  
Medical  
Practitioner

10) Blood Pressure :

11) Pulse/ Respiration :

12) Urine Test for Albumin & Sugar:

13) Blood for TC, DC, ESR & Hb<sup>+</sup>, ABO:

14) Vision:                      Right Eye:                      Left Eye:

15) Heart :

16) Lung (X-Ray Chest) :

17) Abdomen (Liver & Spleen):

18) Menstrual History :

19) Pregnancy Test :

"I hereby certify that I have examined Smt. /Sri \_\_\_\_\_, a candidate for GNM training course and I couldn't discover that Smt. /Sri \_\_\_\_\_ has any disease (communicable or otherwise), constitutional weakness or bodily infirmity, except \_\_\_\_\_.  
I do not consider this a disqualification for the said training. According to the statement of Smt. /Sri \_\_\_\_\_, she/he is \_\_\_\_\_ year old and by appearance she/he is about \_\_\_\_\_ year old"

#### SIGNATURE OF THE CANDIDATE

Signature & Seal of authorized Medical Officer

Designation -

Date -