Nursing Institute, Pirojpur.

Medical Examination Form-2026

Name :.....

Age : .....

Identification marks : ....

: Height..... Weight..... ....

Temperature :..... Pulse..... ....

Respiration : .....Chest Measurement : ....

B.P : .....

Neck Vein : .....

Heart : ..... Anaemia: .....

Lungs : ..... Jaundice: .....

Liver : ..... Oedema: .....

Spleen : .....

Eyes : Left ..... Tongue .....

: Right ..... Teeth .....

Nervous system : ..... Gum: .....

Examination:

Blood CBC :

Urine R/M/E :

S.Creatinin :

VDRL :

HBsAg :

HIV/AIDS :

Urine for PT :

Blood Group :

ECG :

Any other abnormal finding of Candidate .....

....

Comments: .....

Signature of the Medical Board

Chairman **Member** **Secretary**