

BANSAL COLLEGE OF NURSING

Manaksar, Hanumangarh,
Rajasthan-335065

STUDENT HEALTH RECORD

Student Name :..... No of Sick Leaves

Gender :..... 1st Sem.....

Date of Birth :..... 2nd Sem.....

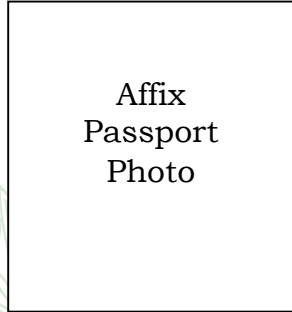
Age in Years :..... 3rd Sem.....

Father Name :..... 4th Sem.....

Mother Name :..... 5th Sem.....

Blood Group :..... 6th Sem.....

Contact No :..... 7th Sem..... 8th Sem.....



Please Check the Following Sections **(Tick (√) if yes)**

Allergy <input type="checkbox"/>	Hearing Problems <input type="checkbox"/>	Chronic Cough <input type="checkbox"/>	Hypertension <input type="checkbox"/>
Asthma <input type="checkbox"/>	Vision Problems <input type="checkbox"/>	Skin Problems <input type="checkbox"/>	Hypotension <input type="checkbox"/>
seizures <input type="checkbox"/>	Migraine Headache <input type="checkbox"/>	Spinal Problem <input type="checkbox"/>	Diabetes Mellitus <input type="checkbox"/>

Physical Examination Code: N-Normal, A-Abnormal, C- Corrected, R-Receiving Treatment

Semester	Date	Height In Cms	weight in Kgs	BMI	BP mm Hg	Vision		Hearing		Nose	Throat	Teeth	Neck	CNS	CVS	RS	GI	GU	Skin	Extremities	Gynaec	
						L	R	L	R													
1 st																						
2 nd																						
3 rd																						
4 th																						
5 th																						
6 th																						
7 th																						
8 th																						

Investigations:

Sl.No	Test Name	Date	Results
1	Chest X-Ray		
2	CBC		

Monthly Record:

Sem	1 ST Semester					2 ND Semester					
Month											REMARKS
Date											
T											
P											
R											
BP											
Height											
Weight											
BMI											
LMP											

Sem	3 RD Semester					4 TH Semester					
Month											REMARKS
Date											
T											
P											
R											
BP											
Height											
Weight											
BMI											
LMP											

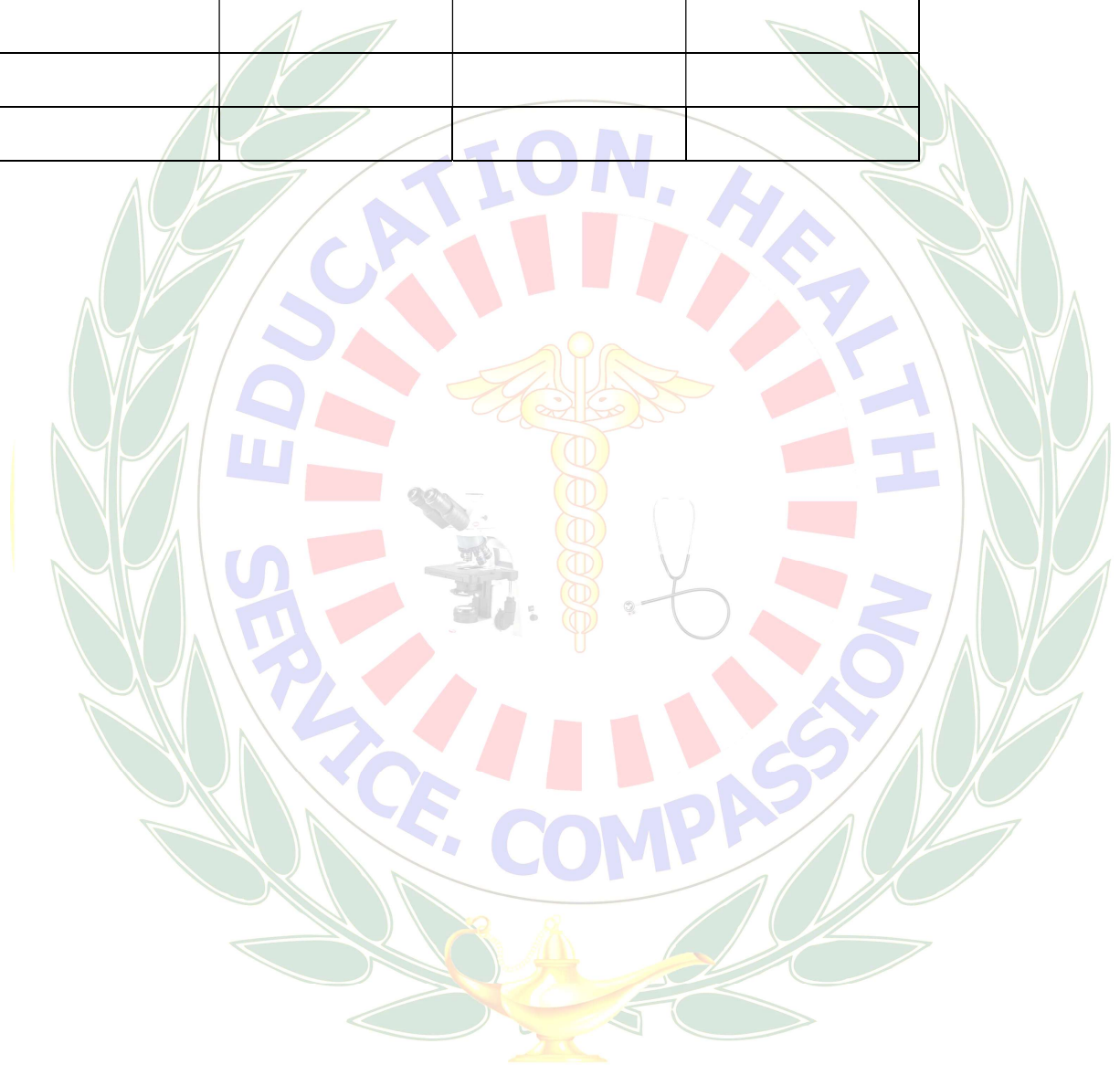
Monthly Record:

Sem	5 TH Semester					6 TH Semester					
Month											REMARKS
Date											
T											
P											
R											
BP											
Height											
Weight											
BMI											
LMP											

Sem	7 TH Semester					8 TH Semester					
Month											REMARKS
Date											
T											
P											
R											
BP											
Height											
Weight											
BMI											
LMP											

Immunization Record:

Type/Date				
Hep-B				
Typhoid				
Others				



ILLNESS RECORD

Include Medical, Reports, Referral's & Recommendations for significant findings.

1st Semester

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leaves:

Remarks:

Signature of Class Coordinator

Signature of Principal

2nd Semester

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leave:

Remarks:

Signature of Class Coordinator

Signature of Principal

ILLNESS RECORD

Include Medical, Reports, Referral's & Recommendations for significant findings

3rd Semester

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leave:

Remarks:

Signature of Class Coordinator

Signature of Principal

4th Semester

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leave:

Remarks:

Signature of Class Coordinator

Signature of Principal

ILLNESS RECORD

Include Medical, Reports, Referral's & Recommendations for significant findings

5th Semester

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leave:

Remarks:

Signature of Class Coordinator

Signature of Principal

6th Semester

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leave:

Remarks:

Signature of Class Coordinator

Signature of Principal

ILLNESS RECORD

Include Medical, Reports, Referral's & Recommendations for significant findings

7rd Semester

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leave:

Remarks:

Signature of Class Coordinator

Signature of Principal

8th Semester

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leave:

Remarks:

Signature of Class Coordinator

Signature of Principal

