

BANSAL COLLEGE OF NURSING

Manaksar, Hanumangarh,
Rajasthan-335065

STUDENT HEALTH RECORD

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

Gender :..... 1st Year.....

Date of Birth :..... 2nd Year.....

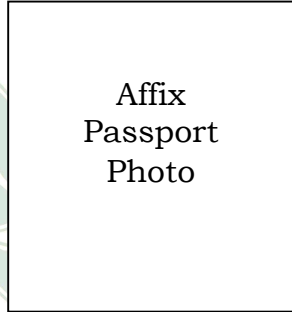
Age in Years :..... 3rd Year.....

Father Name :..... 4th Year.....

Mother Name :.....

Blood Group :.....

Contact No :.....



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

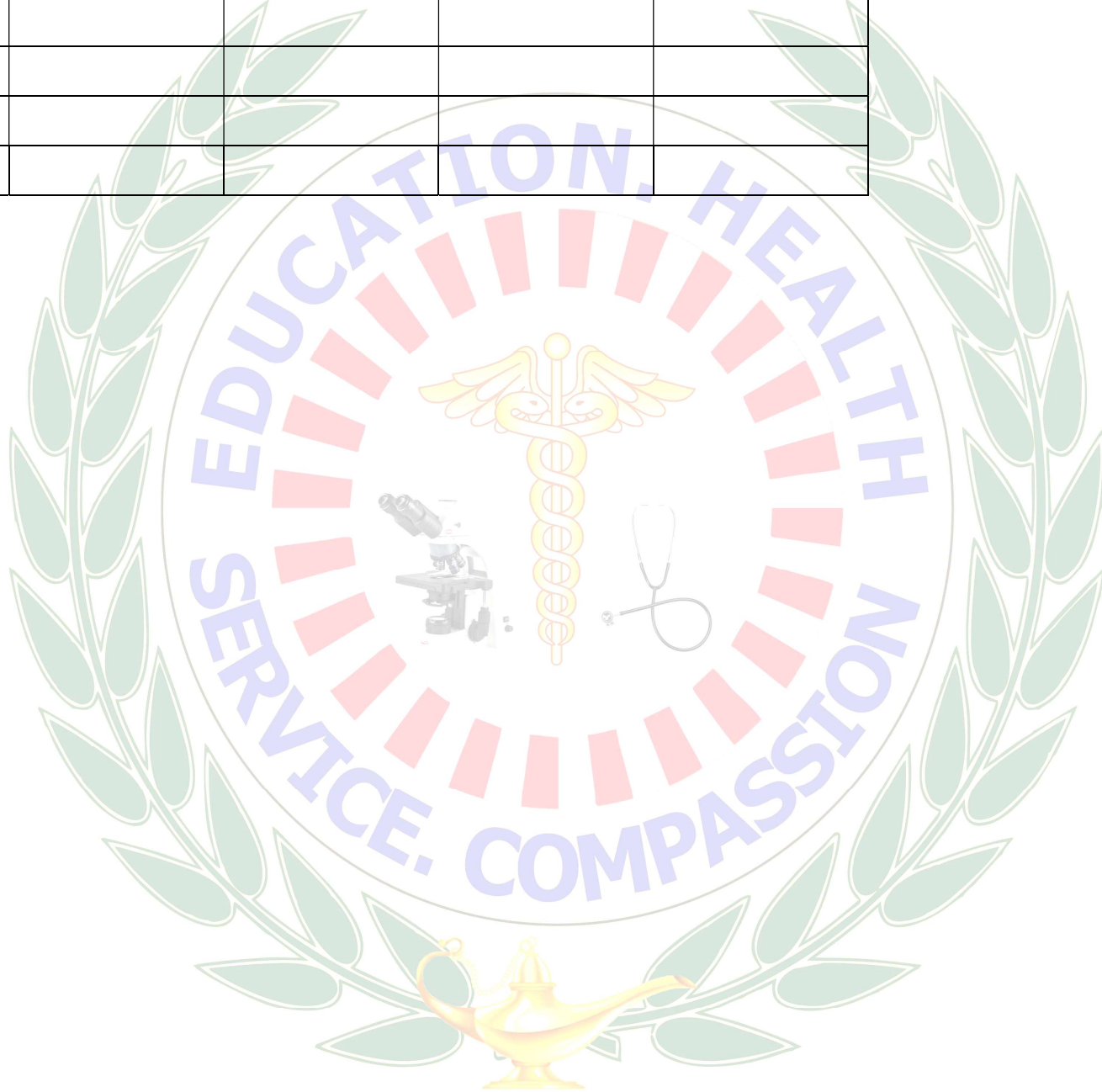
Year	Date	Height In Cms	weight in Kgs	BMI	BP mm Hg	Vision		Hearing		Nose	Throat	Teeth	Neck	CNS	CVS	RS	GI	GU	Skin	Extremities	Gynaec	
						L	R	L	R													
1 st																						
2 nd																						
3 rd																						
4 th																						

Investigations:

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

Immunization Record:

Type/Date				
Hep-B				
Typhoid				
Others				



ILLNESS RECORD

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

1st Year

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leaves:

Remarks:

Signature of Class Coordinator

Signature of Principal

2nd Year

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 Year

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leave:

Remarks:

Signature of Class Coordinator

Signature of Principal

4th Year

Date	Problem	Investigations	Treatment	No of Sick Leaves

Total No of Sick Leave:

Remarks:

Signature of Class Coordinator

Signature of Principal

