SVG COMMUNITY COLLEGE
DIVISION OF NURSING EDUCATION
STUDENTS' MEDICAL CARD

Name: ..... Date of Birth: .....

Address: ..... Date of Entry into Programme: .....

Age: ..... Previous Health History: .....

Allergies: _____

Areas Examined	Findings of Entrance Examination	1st Year	2nd Year	3rd Year
Teeth				
E.N.T				
Glands				
Vision: Right				
Left				
Hearing				
Lungs				
X-Ray				
Heart				
Blood-Pressure				
Reflexes				
Weight				
Menstruation				
Urine				
Alb.				
Sug.				
Pus.				
BHCG				
Blood:				
Hep B.				
VDRL				
Hb.				
Rbc.				
Wbc.				
Stool: - Ova - Cysts - Parasites				
Condition of Feet				
General Health				