



**SVG COMMUNITY COLLEGE  
DIVISION OF NURSING EDUCATION  
STUDENTS' MEDICAL CARD**

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Name: .....

Date of Birth: .....

Address: .....

Date of Entry into Programme: .....

Age: .....

Previous Health History: .....

Allergies: \_\_\_\_\_

Areas Examined	Findings of Entrance Examination	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
Teeth				
E.N.T				
Glands				
Vision: Right				
Left				
Hearing				
Lungs				
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				



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Name: .....

Date	Conclusions & General Observations	Treatment

N.B: ALL Results from Lab Investigations MUST BE submitted with the application.

Please note that Medical Examinations can be done by your District Medical Officer.