Kiang Wu Nursing College of Macau **Physical Check-up Report for Student Admission**			Date: / /
Student's Personal Information			
Name:	Sex:	Date of Birth: / /	ID Type and No.:
Address:			Tel No.:
Physical Check-up			

Height: ______________cm	Weight: _____________kg	Blood Pressure: Left _______________mmHg Right ______________mmHg

Ophthalmology: Eyesight (right) ______________ Eyesight (left) ______________

Colour Vision ☐ Normal ☐ Abnormal _________________

Fundus ☐ Normal ☐ Abnormal _________________

Otolaryngology: ☐ Normal ☐ Abnormal _________________

Stomatology: ☐ Normal ☐ Abnormal _________________

Internal Medicine Check-up:

Heart: Heart Rate _________ bpm

Hear Rhythm ☐ Normal ☐ Abnormal__________

Heart Sound ☐ Normal ☐ Abnormal__________

Lung: ☐ Normal ☐ Abnormal____________ Liver: ☐ Normal ☐ Abnormal _____________

Spleen: ☐ Normal ☐ Abnormal ____________ Spine: ☐ Normal ☐ Abnormal _____________

Thyroid: ☐ Normal ☐ Abnormal ____________ Limbs: ☐ Normal ☐ Abnormal _____________

Lymph Gland: ☐ Normal ☐ Abnormal ________ Nervous System: ☐ Normal ☐ Abnormal _______

Medical History:

Epilepsy: ☐ Yes ☐ No Heart Disease: ☐ Yes ☐ No

Tuberculosis: ☐ Yes ☐ No Record of surgery: ☐ Yes ☐ No

Asthma: ☐ Yes ☐ No Other(s): _________________________________

Blood Disease: ☐ Yes ☐ No

Test Results:

Blood Routine Test: _______________________ Urine Routine Test: _________________________

HBsAg Test: ☐ Negative ☐ Positive HBsAb Test: ________________________mIU/ml

Chest X-ray: ____

Health Assessment and Comments
(Please specify whether the student is physically fit for admission)

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Signature of Doctor
(with Official Stamp of the Issuing Organization)

Note: This report shall be validated by the signature of doctor and the official stamp of the issuing organization