COMPULSORY STUDENT MEDICAL EXAMINATION FORM

ALL TEST IN BLOOD & URINE MUST BE DONE IN PROVINCIAL HOSPITAL OR WELL ESTABLISHED PRIVATE HOSPITAL

PERSONAL STATEMENT

Any willfully incorrect or misleading statement or omission will render the candidate liable to disqualification.

Questions should be read carefully before the answers are written in, and no question should be answered by inserting a stroke when the answer is “no”.

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Names</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Address:

Program of Study:  
Course Code:  
Course Level:  
Current Year:

Family History - (Please give details of the state of health of parents, brothers and / or sisters.)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers Yes/No</th>
<th>Explanatory Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has there been any tuberculosis, diabetes, rheumatism, cancer, insanity or any other nervous condition in your self or any other member of the family? If so, give particulars.</td>
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<tr>
<td>Have you ever suffered from---</td>
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<tr>
<td>(a) Spitting of blood, influenza, or a persistent cough?</td>
<td></td>
<td></td>
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<tr>
<td>(b) Rheumatic fever, diabetes, palpitation, fainting, breathlessness, disease of the heart or lungs, any infection of the kidneys or bladder structure.</td>
<td></td>
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<tr>
<td>© Any infection of stomach, liver or Bowels, indigestion, diarrhea, constipation, appendicitis, piles or rupture?</td>
<td></td>
<td></td>
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<tr>
<td>(d) Epilepsy or fits of any kind</td>
<td></td>
<td></td>
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<tr>
<td>(e) Discharge from Ears.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Dermatitis, any skin eruption or sun caused skin Cancer?</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever had any accident or surgical treatment? If so, give full details.</td>
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<td></td>
</tr>
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</table>

Are you in good health now?

When were you last under medical treatment?

a) Date: ........................................

b) For what reason? ....................................................

Do you suffer from frequent severe headache? .............................

The above portion of form is to be filled in but not signed by the candidate before the examination. Signature is to be affixed in the presence of the examining doctor.

Signature: ............................................................................................................ Date: .................................................................
1. Candidate’s appearance, as regards robustness and activity

2. Height and weight
   - Height (in shoes) .................................. feet............................. inch
   - Weight (in clothes) ................................ stone..........................

3. After examination, are you perfectly satisfied as to the clinical efficiency of heart? If not, give your reasons in full.

4. What is the candidate’s blood pressure?
   - Systolic........................................ millimetres. Diastolic......................... millimetres

5. After examination, are you perfectly satisfied as to the clinical efficiency of lungs? If not, give your reasons. Chest X-ray report required - Compulsory

6. Is there any evidence of disease of the abdominal organs? If so, give particulars.

7. Is there any defect in hearing or speech, or any indication of otorhoea, or any nasal, throat or sinus infection? If so, give particulars.

8. Is there any visual defect or disease of the eyes? In all cases visual acuity, as indicated by test types, of each eye should be indicated. Where the examinee is wearing glasses the visual acuity of each eye with the aid of glasses should be stated.
   - Visual Acuity----
     Without glasses - R............................... L.................................
     With glasses - R............................... L.................................
   - Colour Vision: ........................................

9. Does the candidate possess the normal use of all limbs?

10. Does the candidate suffer from hernia or varicose veins and, if so, to what extent.

11. Examination of urine as regards. Compulsory
   - Colour........................................
   - Albumen......................................
   - Sugar...........................................

12. Examination of Blood as regards (Compulsory)
   a) FBC - Full Blood Count
   b) Lipid Profile for Heart
   c) RFT - For Kidney
   d) LFT - Liver Function
   e) FBS - For diabetes
   f) H V - For HIV
   g) Uric Acid - for Arthritis

   All those test should be done in Provincial Hospital or well established Private Hospital with those facility.

13. Is there any dysmenorrhea, menorrhagia, or menorrhea?

14. Is there any evidence of enlarged glands, running nose, sores, ulcers, defects in joints?

15. Is there any evidence of dental defects?

16. Are there any other health conditions which it is advisable should be mentioned? If so, give details
# MEDICAL OFFICER’S RECOMMENDATION

<table>
<thead>
<tr>
<th>X-ray Report by Medical Doctor or T.B. Control Officer.</th>
<th>Approved</th>
<th>Not Approved</th>
</tr>
</thead>
</table>

**Remarks:**

Medical Doctor: .................................................. Date: ..........................................................