



**RE: REQUEST FOR MEDICAL EXAMINATION REPORT FOR STUDENT APPLYING FOR ADMISSION FOR FULL TIME COURSE.**

**To the Medical Officer,**

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RE: Surname ..... Age..... Sex..... Other name (s) .....  
..... Programme .....

Marital Status ..... Department ..... Please examine the above named as to her/his fitness for studies as a full time student.

**A. PERSONAL HISTORY**

Is the examinee suffering from any of the following? Indicate Yes or No.

- |                               |  |
|-------------------------------|--|
| 1. Tuberculosis .....         | 15. Epilepsy .....                       |
| 2. Pneumonia .....            | 16. Deformity .....                      |
| 3. Pleurisy .....             | 17. Psychiatric.....                     |
| 4. Asthma.....                | 18. Eye disorder.....                    |
| 5. Rheumatic fever.....       | 19. Ear, Nose/Throat Disorder.....       |
| 6. Allergic disorder.....     | 20. Skin diseases.....                   |
| 7. Heart disease.....         | 21. Anemia.....                          |
| 8. Gastric or duodenal.....   | 22. Gynaecological disorder.....         |
| 9. Recurrent indigestion..... | 23. Malaria/other tropical Diseases..... |
| 10. Jaundice.....             | 24. Major or Minor Operation.....        |
| 11. Dysentery.....            | 25. Serious accidents.....               |
| 12. Varicose Veins.....       | 26. Any other serious disorder.....      |
| 13. Diabetes.....             |  |

**B. PHYSICAL EXAMINATION**

- |  |                            |
|--|----------------------------|
| 1. Height.....   | 3. Weight.....             |
| 2. Skin diseases.....                                    | 4. Eyes: Conjunctivae..... |
|  | Pupils.....                |
|  | Vision Right.....          |
|  | Left.....                  |
| 5. Please state conditions<br>Of ears (if any discharge) | With glasses Right.....    |
| Any Abnormality.....                                     |                            |
| Cardiovascular System                                    |                            |
| Blood pressure Systolic .....                            | Diastolic.....             |
| Murmer? .....  | Heart Any                  |

