STUDENT ENTRANCE MEDICAL EXAMINATION

Students are required to complete PART I of this form and leave PART II and PART III to be completed by a Medical Officer at the University Health Service, U.I. The form should be returned to the Health Service.

PART I *(To be filled by student)* *May clarify unclear aspects with the Doctor if necessary

Surname:……. Other Names:…….

Date of Birth:…… Sex:……. Marital Status:……

Nationality:…… State:……. Faculty:……. Department:……...

Matric. No:……. Tel. No:……

For Emergencies: Name of Contact person…….

Address of Contact person…….

Telephone No…….

1. Would you say your health is good/fair/poor?.....
2. Have you ever been admitted as an in-patient in hospital?.....

If so, please state reason for admission, name of hospital and date:

……

……

3. Are you on any medication(s)?..... If so, please state drug and dosage…….
4. Do you suffer from or have you suffered from any of the following

a.	Tuberculosis	Yes/No	f.	Diabetes	Yes/No
b.	Schistosomiasis	Yes/No	g.	Any disease of digestive system	Yes/No
c.	Any respiratory disease	Yes/No	h.	Any disease of the heart	Yes/No
d.	Sickle cell disease	Yes/No	i.	Any genitor-urinary system	Yes/No
e.	Allergies	Yes/No	j.	Nervous disease	Yes/No

If the answer to the above is yes, please give details with dates:

……

……

5. If there are any other relevant details of your medical history not covered by the questions, please give particulars:…….....
6. Travel history with dates……...
7. Is your family a healthy one?..... Has any one of your family suffered from Tuberculosis……..

   Hypertension…… Diabetes…… Mental illness……..
8. Do you react to any drug(s) Yes/No If yes state the drug(s)…….
9. Have you been immunized against any of the following:

Hepatitis B	Yes/No	Date……
Tetanus	Yes/No	Date……
Yellow fever	Yes/No	Date……
C.S.M.	Yes/No	Date……
Others		Date……

Date:…….. Signature:……

P.T.O.

PART II

Height:……..Metres Weight:……..kg

Visal acuity:

Without glasses R.6/ L.6/ ***snellen types**

With glasses R.6/ L.6/

Hearing

Left

Right

Eyes

Ears

Pharynx

Teeth

Lynphatic Glands

C.N.S

Cognitive functions

Orientation

Memory

Intelligence

Pulpillary reflexes

Spinal reflexes

Circulatory System

Heart: Rate

Rhythm

Sounds

Blood Pressure

Respiratory System

Lungs

G.I.T.

Liver

Spleen

Hernia

URINE

Albumen

Sugar

Any other observations?.....

Date:…….. Name of Medical Officer……..

Signature……...

Address…….

PART III

Tuberculin Test (Mantoux)

Remarks

Chest X-Ray

Film No……

Date……..

Result……...

Date:……. ……..

Medical Officer
University Health Service