City College of Health and Allied Sciences
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MEDICAL EXAMINATION FORM

PART I: PERSONAL PARTICULARS **(To be filled by the candidate)**

SURNAME …….. AGE…… SEX ……

FIRST NAME……...

MIDDLE NAME……..

MARITAL STATUS ……...

PART II-V **(To be filled by a medically qualified and registered professional)**

PART II: PERSONAL HISTORY

Are you suffering or have you suffered from any of the following? Indicate YES or NO.

1 Tuberculosis. …….
2 Asthma..……..……
3 Rheumatic fever …….
4 Allergic disorders ……...
5 Heart disease ……...
6 Gastric or duodenal ulcers ……...
7 Jaundice…….
8 Dysentery ……
9 Varicose veins. ……..…
10 Kidney disease. ……..……
11 Diabetes. ……
12 Epilepsy……..
13 Deformity……
14 Mental Illness……
15 Eye disorder……
16 Ear, Nose or Throat Disorder……
17 Skin disease ……
18 Anemia……
19 Gynecological disorder. ……
20 Any other serious disorder (specify)
……

PART III : PHYSICAL EXAMINATION

1 Height (cm)……
2 Skin. ……
3 Weight (Kg) ……
4 Eyes:
Conjunctivae……
Pupils……
Vision: Without glasses: Right ……
Left. ……
With glasses: Right. ……
Left. ……
5 Ears (state if any discharge).……
6 Mouth and throat. ……
7 Nose. ……
8 Any abnormality..……
9 Cardiovascular system:
Blood pressure: Systolic. ……
Diastolic…….
Heart: Any Mummer? ……
Arteries and veins.……
10 Respiratory system:
Lung fields ……
11 Abdomen. ……

PART IV: LABORATORY

1. Urine:
Albumin ……..
Sugar: …….
Leucocytes …….
Schistosoma …….

2. Stool: Special emphasis on
Hookworm or Schistosoma

3. Blood Examination:
(a) Hb level ……..
(b) Neutrophils ……..
(c) Eosinophils ……
(d) Basophiles …….
(e) Lymphocytes ……
(f) Monooytes ……..
(g) ESR …….

4. X-ray examination – Chest
(Include Radiologist's report)

5. Serology:
Widal Test …….
VDRL ……

6. Pregnancy test (Females) ……

PART V: CONCLUSION

I have examined Mr./Miss/Mrs.....and consider that He/she is physically and mentally fit / not fit to be admitted to the University for higher education.

Date: ……..

Signature …….

Name: ……

Title: ……

Qualifications: ……

Official STAMP

Address: ……..……