**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

**STUDENT’S MEDICAL REPORT**

Passport Photograph

**Kindly complete Section A below and take the form to the University Medical Centre for Medical Test/Examination. Return the form (together with your files) to the Secretary College of Postgraduate Studies.**

**SECTION A**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SURNAME: | |  | | | | | | OTHER NAMES: | | |  | | | |
| DEPARTMENT | | |  | | | | | | | FACULTY: | |  | | |
| MARITAL STATUS: | | | | |  | | | NUMBER OF CHILDREN: | | | | |  | |
| AGE: |  | | | | | | | SEX: |  | | | | | |
| PRESENT OCCUPATION: | | | | | | |  | | | | | | | |
|  | | | |  | |  | | | | | | | |  |

**PREVIOUS HEALTH CONDITION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(a)** | Have you suffered from or do you suffer from any of the following? | | | | | | |
| (1) | Tuberculosis | Yes/No |  | (6) | Diabetes | Yes/No |
| (2) | Hypertension | Yes/No |  | (7) | Peptic Ulcer | Yes/No |
| (3) | Epilepsy | Yes/No |  | (8) | Piles (Hemorrhoids) | Yes/No |
| (4) | Mental Illness | Yes/No |  | (9) | Gonorrhea or Syphilis | Yes/No |
| (5) | \*Heat in the Heart of Body | Yes/No |  | (10) | Heart Disease | Yes/No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(b)** | If the answer to any in (a) is YES, please give details below and include other illnesses not mentioned. | | | | |
| **WHICH ILLNESS** |  | **DATE** & **DURATION** |  | **HOSPITAL ADDRESS** |
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**SECTION B (FOR DOCTOR’S USE)**

**RELEVANT EXAMINATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL:** | | | | | | | | |
| Height in metres/cm (without shoes): | | | | |  | | Weight in Kilograms (indoor close): |  |
|  | | | | | | | | |
| **VISUAL ACUITY:** | | | | | | | | |
| With Glasses: | | R/6 | | | | L/6 | | |
| Without Glasses: | | | R6 + Snellen Types | | | |  |  |
| Left: |  | | | | | | | |
| Right: |  | | | | | | | |
| Condition of Ear Drum: | | | |  | | | | |

|  |  |  |  |  |  |  |
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| **PULSE:** | | | | | | |
| At Rest: |  | | | | | B.P. |
| 25 Times on Each Leg | | |  | | | |
| 2 Minutes after Exercise: | |  | | | | |
| Heart Site of Apex Beat: | | | |  | | |
| Cardiac Sound and Rhythm: | | | | |  | |

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| **ABDOMEN:** | | | | | | | | | | | |
| Liver: |  | | | | | | | | | Epigastric Tenderness: | |
| Spleen: | |  | | | | | | | | Hernia: | |
| Any Other Masses: | | | | |  | | | | | | |
| Respiratory System: | | | | | |  | | | | | |
| Percussion Note: | | | |  | | | | | | | |
| Character of Health Sound: | | | | | | | |  | | | |
| C.N.S. Pupillary Reflexes: | | | | | | |  | | | | |
| \*Spinal Reflexes: | | | |  | | | | | | | |
| Urine Albumen: | | | |  | | | | | Sugar | | Deposit |
| Kahn Test | | |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **ANY OTHER COMMENTS BY THE DOCTOR** | | | | | |
| Name of Doctor: | |  | | | |
| Qualification | | |  | | |
| Address |  | | | | |
|  |  | | |  |  |
|  |  | | | Signature | Date: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMMENTS BY THE UNIVERSITY PHYSICIAN** | | | | | | | | | |
| Heart Test: | Date done: | | |  | | | | Result |  |
|  |  | | | | | | | | |
| M.M.R. X-ray: | | Doctor’s Comments: | | | | |  | | |
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|  | | | Signature of Doctor: | | | |  | | |
|  | | | | Date: | |  | | | |