

 <p>LADOKE AKINTOLA UNIVERSITY OF TECHNOLOGY, OGBOMOSO</p>	<p>THE POSTGRADUATE SCHOOL</p> <p>STUDENT MEDICAL EXAMINATION FORM</p>	<p>Form PG 03</p>
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Students are requested to complete PART I of this form and have Part II completed by Medical Doctors in any Public Health Institution and Part III completed by Medical Officers in the University Health Centre on presentation of Medical Clearance. Chest X-Ray should be taken only at the University Health Centre.

PART 1 (TO BE FILLED IN BY STUDENT)

Names in Full: _____
(Surname in Caps) (Other Names)

Year of Admission: _____

Mode of Study *Part-Time* *Full-Time*

State of Origin: _____ Age Next Birthday: _____

Sex: _____ Marital Status: _____

Nationality: _____ E-mail Address: _____

Phone Number: _____ Department: _____ Course: _____

(a) Would you say your health was Good/Fair/Poor? _____

(b) Have you ever been admitted as an in-patient into a hospital? _____
If so please state reason for admission: _____

(c) Have you ever visited any hospital for treatment within the last one year? Yes/No
If yes, purpose of visit _____

(d) Do you suffer from or have you suffered from any of the following?

Tuberculosis	Yes/No	Nervous disease	Yes/No
Schistosomiasis	Yes/No	Any disease of the heart	Yes/No
Respiratory disease (e.g. Bronchia, Asthma)	Yes/No	Disease of the Genitourinary	Yes/No
Disease of the digestive system	Yes/No	Allergies	Yes/No
Nasal Bleeding	Yes/No		

If one answer to any of the above is yes, please give details with Dates: _____

(e) If there are any other relevant details of your medical history not covered by the above questions, please give particulars: _____

(f) Is your family a healthy one? _____
Has any of your family suffered from tuberculosis, insanity or mental disease? _____

(g) Have you been immunized against any of the following?

Tetanus: _____	Date: _____
Yellow Fever: _____	Date: _____
Polio: _____	Date: _____
Others: _____	Date: _____

PART II (To be completed by a Medical Doctor)

Height..... (METRES) WEIGHT..... (Kg)

Visual Acuity:
Without Glasses R.6/ L.6/
With Glasses R.6/ L.6/

Eyes Ears Circulatory System
Left Heart
Right Blood Pressure
Pharynx Respiratory System
Teeth Lungs
Lymphatic Glands
Abdomen
Liver
Spleen
Hernia

C. N. S.
Pupillary reflexes
Spinal reflexes
Screening for: Urine PCV:
- Hepatitis B PH: Blood group:
- Hepatitis C Protein: Genotype
- VDRL Glucose:
Nitrite:
Others:

Date: _____ Medical Officer (Name) _____
Address: _____

Signature & Date

*** Snellens or similar test should be used.**

PART III TO BE COMPLETED BY A MEDICAL DOCTOR IN LAUTECH UNIVERSITY HEALTH CENTRE

Tuberculin Test (Mantoux with report)

RVS (Optional):-

Chest X-Ray with Radiologist Report

Remarks: _____

Final Assessment of Health: _____

Date

Signature of Medical Officer