

CMTC /2: STUDENTS MEDICAL EXAMINATION FORM

IMPORTANT

Students are requested to complete part I & II of this Form, part III should be completed by the Medical Officer examining the student. The completed form should be delivered together with other forms on reporting day.

PART I

(a) Full Name: _____
(Surname or last Name) (Other Names)

1. College Admission No. _____ Phone No. _____

2. National ID No. /Passport No. _____ Gender _____

3. Date of Birth _____ Place of Birth: _____

4. Full Name of Mother/Father/Guardian _____

Phone No. _____ National ID/Passport No. _____

Address: _____

5. Give names and address of two persons who can be contacted in case of an emergency.

Name _____ Relationship _____

Phone No. _____ National ID/Passport No. _____

Address: _____

PART II

1. Have you ever been admitted into a hospital?

If so, state reason for admission and date

2. Have you had any of the following illnesses? (Delete as necessary)

(a) Tuberculosis or other chest infection Yes ☐ No ☐

(b) Fits, Nervous disease or fainting attacks Yes ☐ No ☐

(c) Heart Disease or Rheumatic Fever Yes ☐ No ☐

(d) Any disease of the Digestive System Yes ☐ No ☐

(e) Allegies to food or drugs Yes ☐ No ☐

(f) Malaria Yes ☐ No ☐

(g) Sexuality Transmitted Disease Yes ☐ No ☐

(h) Poliomyelitis

Yes

☐

No

☐

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

☐

If there are any other-relevant details of your medical history not covered by the above questions, please give particulars. _____

3. Has any member of your family suffered from:

(a) Tuberculosis

Yes

☐

No

☐

(b) Insanity or mental illness

Yes

☐

No

☐

(c) Diabetes Mellitus

Yes

☐

No

☐

(d) Heart Diseases

Yes

☐

No

☐

(e) Any other Disease

Yes

☐

No

☐

If Yes, kindly give details _____

4. Have you been immunized against any of the following diseases?

(a) Small pox

Yes

☐

No

☐

(b) Tetanus

Yes

☐

No

☐

(c) Poliomyelitis

Yes

☐

No

☐

(d) Any other Disease

Yes

☐

No

☐

If Yes, kindly give details _____ \

Signature of Student _____ Date _____

PART III (To be completed by the Examining Medical Officer)

1. Height _____ Weight _____

2. Visual Acuity

Without glasses

With glasses

R.6

L.6

3. Hearing

Right Ear

Left Ear

4. Condition of:

Teeth

Throat

Ear

Lymphatic glands

Nose

5. Circulatory system:

Pulse Heart

Blood pressure Systolic _____ Diastolic _____

6. Respiratory system

Chest X-Ray (optional depending on Clinical findings)

7. Abdomen; any palpable masses-physiological or Pathological?

Liver _____

Spleen _____

Uterus _____ L.M.P _____

8. Urine: Abbumin _____ Sugar _____

(a) Is the student on any treatment? Yes/No

If Yes, kindly give details _____

(b) Any other observation of importance _____

Name of Medical Officer _____

Signature _____ Date _____

PART IV

To be completed by **CMTC College** Medical Doctor, after the student has registered with the College.

Special Remarks _____

Is the student fit for College Education Yes/No _____

Date _____

Name of College Medical Officer _____

Signature _____ Date: _____