



## MEDICAL EXAMINATION REPORT

### PERSONAL DATA

Names of the student: First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

### DETAILS OF MEDICAL HISTORY

**Past or Present Illness:** Is there history of any of the following conditions?

(Tick where appropriate)

- Diabetes Mellitus: YES\_\_\_ / NO\_\_\_
- Peptic Ulcer Disease: YES\_\_\_ / NO\_\_\_
- Respiratory Diseases(e.g. Asthma): YES\_\_\_ / NO\_\_\_
- Hypertension: YES\_\_\_ / NO\_\_\_
- Sickle Cell Disease: YES\_\_\_ / NO\_\_\_
- Congenital Diseases( e.g. Valvular Diseases): YES\_\_\_ / NO\_\_\_
- Arthritis: YES\_\_\_ / NO\_\_\_  
(If YES please specify)\_\_\_\_\_
- Visual Disorders: YES\_\_\_ / NO\_\_\_  
(If YES please specify)\_\_\_\_\_
- Auditory Disorders: YES\_\_\_ / NO\_\_\_  
(If YES please specify)\_\_\_\_\_
- Any Allergic Diseases: YES\_\_\_ / NO\_\_\_  
(Please specify)\_\_\_\_\_
- Any Surgical Intervention: YES\_\_\_ / NO\_\_\_  
(If YES please specify year and diagnosis)\_\_\_\_\_
- Any other conditions not mentioned:\_\_\_\_\_

### DETAILS OF MEDICAL EXAMINATION( tick where appropriate)

#### **General Condition:**

- Height\_\_\_\_\_ Weight\_\_\_\_\_
- Nutritional Status: normal\_\_\_\_\_/ Overweight\_\_\_\_\_/ Underweight\_\_\_\_\_
- Skin: intact\_\_\_\_\_/ desquamated\_\_\_\_\_/ hyper pigmented\_\_\_\_\_/ lesions\_\_\_\_\_
- Teeth: In Good condition\_\_\_\_\_/ Requiring Treatment\_\_\_\_\_

**EYES:** Using Snellen eye chart

Far Vision: without correction Rt \_\_\_\_\_ Lt \_\_\_\_\_  
With correction Rt \_\_\_\_\_ Lt \_\_\_\_\_  
Near Vision: without correction Rt \_\_\_\_\_ Lt \_\_\_\_\_  
With correction Rt \_\_\_\_\_ Lt \_\_\_\_\_

**HEARING:**

Whisper Rt \_\_\_\_\_ m Lt \_\_\_\_\_ m  
Normal speech Rt \_\_\_\_\_ m Lt \_\_\_\_\_ m

**Examination of the chest** (cardiac/respiratory system)

Normal: \_\_\_\_\_  
Abnormal : \_\_\_\_\_ ( if abnormal please give positive signs) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Examination of the Abdomen**

Normal: \_\_\_\_\_  
Abnormal : \_\_\_\_\_ ( if abnormal please give positive signs) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Examination of the Muscle skeletal system** (Assess posture, gait, stiffness/pain of hands and feet joints, oedema of lower limbs)

Normal: \_\_\_\_\_  
Abnormal : \_\_\_\_\_ ( if abnormal please give positive signs) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Examination of the Central Nervous System and Psyche** (Asses reflexes, abnormal behavior, mental diseases, etc)

Normal: \_\_\_\_\_  
Abnormal : \_\_\_\_\_ ( if abnormal please give positive signs) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INVESTIGATIONS**

Perform the following investigations and indicate in the appropriate spaces below:

- MRDT/BS for MPS: \_\_\_\_\_
- Stool Analysis: \_\_\_\_\_
- Urinary Pregnancy Test \_\_\_\_\_
- Hemoglobin: \_\_\_\_\_

**DECLARATION**

From the medical point of view and upon understanding the type of education to be undertaken I hereby declare Mr. /Miss \_\_\_\_\_ (tick where appropriate)

Fit

Not Fit  To undertake the full course as required.

\_\_\_\_\_  
Name and signature of examining physician (Put the hospital stamp here)