



Federal University Dutsin-ma

University Health Services

Medical Examination Report.

**A. To be completed by the applicant.**

1. Name in .....  
(Surname) (Other name)  
Date of birth..... Marital status..... nationality.....  
Home Address.....  
State of Origin..... Local Govt.Area..... Tribe.....  
Religion..... Dept..... phone no.....  
Occupation.....Name of Next of Kin.....  
Relationship .....Next of Kin phone no.....  
Next of kin Address.....
2. Medical History (a) Major injuries/operation/Accident with date.....  
(b) Allergies to any Drugs/food/Chemicals.....  
(c) Any Medication Presently.....  
(d) Vaccinations and inoculation with dates:  
Small pox..... Polio.....Typhoid.....  
Yellow Fever.....Cholera.....Any others.....

**B. MEDICAL EXAMINATION (TO BE COMPLETED BY A MEDICAL DOCTOR)**

Physical Examination.

1. Height..... Weight.....
2. Central Nervous System.....
3. Respiratory System.....  
E.N.T..... Lungs.....
4. Cardiovascular System  
Blood Pressure ..... pulse.....
5. Muscular-Skeletal System  
Skin and integument.....
6. Genitor-urinary System  
Kidneys.....

SPECIAL SENSES.

Eyes – V/A: R..... L .....

Ears – hearing R..... L .....

Others.....

LABORATORY EXAMINATION:

Urinalysis:

Appearance ..... Nitrate..... Keton..... Blood.....

Protein..... Leukocytes..... Bilirubin..... PH.....

Ascorb. Acid..... Urobilinogen..... Glucose..... S.Gravity.....

Others:

PCV..... HBsAg..... RVS..... VDRL.....

Blood group..... Genotype.....

SPECIAL INVESTIGATIONS:

Chest X-Ray (X-RAY FILM MUST BE PRESENTED).....

Assesment of Mental Health.

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RECOMMENDATION

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Names of Physician .....

Signature and Stamp.....