



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.....
RelationshipNext 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

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 - visic: 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..... E.C.G.....

Assesment of Mental Health.

.....
.....

RECOMMENDATION

.....
.....

Names of physician

Signature and Stamp.....