



**OFFICE OF THE DEPUTY VICE CHANCELLOR(ACADEMIC & STUDENT AFFAIRS)**

**University Admission No** \_\_\_\_\_

**STUDENTS ENTRANCE MEDICAL EXAMINATION**

**IMPORTANT:** Students MUST bring this form duly signed during the registration.

NOTE: A chest X-ray may be required if the doctor examining a student feels it is necessary. The film should be given to the student to bring to the University Medical officer during the registration period.

PART 1: A) SURNAME ..... OTHER NAMES .....

DATE OF BIRTH ..... SEX .....

NATIONALITY ..... RACE/TRIBE .....

RELIGION ..... SINGLE/MARRIED.....

SCHOOL ADMITTED TO:.....

**NAME, ADDRESS AND TELEPHONE NUMBER OF PARENT/GUARDIAN**

.....  
.....

**NEXT OF KIN** .....

b) Have you ever been admitted into a hospital?

If so, state reason for admission and date: .....

.....

c) Have you had any of the following illnesses?

- Tuberculosis or other chest infection Yes/No. ....
- Fits, Nervous disease or fainting attacks Yes/No .....
- Heart disease or rheumatic fever Yes/No. ....
- Any disease of genitor-urinary system Yes/No .....
- Allergies to food or drug Yes/No .....
- Malaria Yes/No .....
- Sexually transmitted disease Yes/No .....
- Any disease of the digestive system Yes/No .....

If the answer to any of the above is yes, please give details with dates in terms of month and year.

.....

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

.....  
.....

e) Has any member of your family suffered from

- i) Tuberculosis Yes/No.
- ii) Insanity of mental illness Yes/No.
- iii) Diabetes Mellitus/Insipidus Yes/No.

f) Have you been immunized against any of the following diseases:-

- i) Small Pox Yes/No Month and Year .....
- ii) Tetanus Yes/No Month and Year .....

iii) Poliomyelitis Yes/No      Month and Year .....

Signature .....

**PART II** (To be completed by the examining Medical Officer)

a) Height ..... Weight .....

b) VISUAL ACUTTY

Without Glasses	R. 6/	L. 6/
With Glasses	R. 6/	L. 6/

c) Hearing                              Right Ear                              Left Ear

d) Condition of:                      Teeth .....

    Nose .....

    Throat .....

e) Lymphatic Glands .....

    Circulatory System .....

    Blood Pressure ..... Pulse .....

    Systolic ..... Diastolic .....

f) Respiratory System .....

X-ray Chest if necessary .....

THE STUDENT TO BE GIVEN THE CHEST X-RAY FILM, IF ANY, TO BRING TO THE UNIVERSITY MEDICAL OFFICER DURING REGISTRATION

g) Abdomen .....

    Spleen .....

Any Evidence of Hernia .....

Any Evidence of hemorrhoids .....

h) Urine ..... Albumin ..... sugar .....

i) Any other observation apart from the ones stated above .....  
.....  
.....  
.....  
.....

j) Blood Khan Test .....

K) Any other observation of importance .....  
.....  
.....

Date: ..... Signature: .....

Address: .....

Rubber Stamp .....

**PART III**

( To be completed at the University)

**SPECIAL REMARKS**

Fit/unfit for University Education

Is/Is not on treatment at present

DATE: ..... SIGNATURE .....

**PWANI UNIVERSITY**