AMTC /**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._____

_____

1. 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_____

2. 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

1. Circulatory system:

   Pulse Heart

   Blood pressure Systolic _____Diastolic_____

2. Respiratory system

   Chest X-Ray (optional depending on Clinical findings)

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

   Liver _____

   Spleen _____

   Uterus _____L.M.P _____

4. 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 A M T C **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:**