

LADOKE AKINTOLA UNIVERSITY OF TECHNOLOGY, OGBOMOSO
P.M.B. 4000, OGBOMOSO

STUDENT MEDICAL EXAMINATION OF FITNESS FOR ADMISSION

Students are requested to complete Part I of this form and have Part II completed by Medical Doctors in any Public Health Institution and Part III completed by Medical Officers in the University Health Centre on presentation of Medical clearance fee of One Thousand Four Hundred Naira (N1,400.00) only. Chest X-Ray should be taken only at the University Health Centre.

PART I (TO BE FILLED IN BY THE STUDENT)

Surname:..... Other Names:.....

State of Origin: Age Next Birthday:.....

Sex:..... Marital Status:.....

Nationality:..... Tribe:.....

Department:..... Course:.....

(a) Would you say your Health is Good/Fair/Poor?

(b) Have you ever been admitted as an in-patient into a hospital?

..... If so please state reason for admission:

.....

.....

(c) Have you ever visited any hospital for treatment? Yes/No

if yes, purpose of visit.....

.....

(d) Do you suffer from or have you suffered from any of the following?

Tuberculosis	Yes/No	Nervous disease	Yes/No
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Schistosomiasis	Yes/No	Any disease of the heart	Yes/No
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Any respiratory		Any disease of	
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disease e.g Bronchia	Yes/No	Genitorurinary	Yes/No
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Asthma		System	
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Any disease of	Yes/No	Allergies	Yes/No
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the digestive system

Any Nasal Bleeding	Yes/No
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If one answer to any of the above is Yes, Please give details and Date:.....

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

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(f) Is your family a healthy one? Has any member of your family suffered from tuberculosis, insanity or mental disease?

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(g) Have you been immunized against any of the following?

Tetanus.....	Date:.....
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Yellow Fever.....	Date:.....
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Polio.....	Date:.....
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Others.....	Date:.....
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PART II: TO BE COMPLETED BY A MEDICAL OFFICER IN ANY PUBLIC HEALTH INSTITUTION

HEIGHT (METRES)

WEIGHT (Kg)

Visual Acuity:

Without Glasses

With Glasses

Eyes

Ears

R.6/

R.6/

Circulatory System

Heart

Blood Pressure

L.6/

L.6/

Left
Right

Pharynx

Teeth

Lymphatic Glands

Respiratory system

Lungs

Abdomen

Liver

Spleen

Hernia

C.N.S

Pupillary reflexes

Spinal reflexes

Screening for:

- Hepatitis B

- Hepatitis C

- VDRL

Urine:

PH:

Protein:

Glucose:

Nitrite:

Others:

PCV:

Blood group:

Genotype

Date:.....

Medical Officer (Name).....

Address:.....

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Signature & Date

*Snellens or similar test should be used.

PART III: TO BE COMPLETED BY A MEDICAL OFFICER IN LAUTECH UNIVESITY HEALTH CENTER

Tuberculin Test (Mantoux with report)

RVS (Optional):-

Chest X-Ray with Radiologist Report

Remarks:

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Final Assessment of Health:.....

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Date

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Signature of Medical Officer