PADRE PIO COLLEGE OF HEALTH AND ALLIED SCIENCES (PCoHAS)

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STUDENT'S MEDICAL EXAMINATION FORM

To the Medical Officer:
____
____

1. PERSONAL HISTORY

Personal identification

Surname	Middle name	First Name

Admission No.				

Department	

Nationality	Age		Sex		Marital status

Signature:	

Date

D	D	M	M	Y	Y	Y	Y

Please examine the above named as to his/her fitness for undergoing the studies.

2. PAST MEDICAL HISTORY

Abnormality	Response		Treatment (If yes)
	Yes	No	
Any experience of loss of consciousness			
Any neurological deficit			
Any experience of Fits/Convulsion			

3. CHRONIC ILLNESSES

Abnormality	Response		Treatment (If yes)
	Yes	No	
Diabetes Mellitus			Current status; On diet ☐ On medication ☐ On insulin ☐ Not controlled ☐
Cardiovascular conditions			Specify;
Asthma			Attacks per month ☐☐
Any mental illness			On medication ☐ Not on medication ☐
Any allergy			Specify;
Tuberculosis			Cured ☐ On treatment ☐ Not on treatment ☐
Leprosy			Cured ☐ On treatment ☐ Not on treatment ☐
Any other chronic disease(			

4. PHYSICAL EXAMINATION

Height (in cm)			

Weight(in kg)			

Blood Pressure (in mmHg)			

S/N	System	Findings
1	Chest –Lungs	
2	Heart	
3	Abdomen Organs	
4	Skin disease	
5	Eyes:	
6	Pupils	
7	ENT	

5. INVESTIGATIONS

S/N	Test performed	Findings	Remarks
1	ESR		
2	WBC		
3	B/S		
4	Stool		
5	Urinalysis		
6	VDRL		
7	Human Immunodeficiency Virus Test (optional)		

Any Physical disability of the Prospective student plus the Doctors recommendations;

6. CONCLUSION

I have examined Mr./Mrs./Miss;

Surname	Middle name	First Name

And considered that He/she is fit or not fit to be enrolled as a student at PCoHAS

Name of examining doctor;

Signature

Title

Designation

Date

D	*D*	*M*	*M*	*Y*	*Y*	*Y*	*Y*

(Official Stamp)

This form must be filled with a registered medical officer