

Usmanu Danfodiyo University, Sokoto Health Services Department Pre-registration Medical Screening Report

CHOLERA □

HEPATITIS □

DO YOU KNOW YOUR HIV STATUS? □

Part A Admission Number 1810310127

				101031	012	. /
NAME OF STUDENT:	UMAR, KALIFA-BABA					
AGE:	22	SEX:	Male	MARITAL STATUS:	Sing	le
NATIONALITY:	Nigeria	STATE:	Kebbi	LGA:	Birni	in-Kebl
FACULTY:	Physical and Computing Scien	nces				
DEPARTMENT:	Computer Science					
RESIDENTIAL ADDRESS (While on Study):	Yh3 Maccido Dalhatu Road,	Kabala Roa	d Sabon Gari.			
PERMANENT HOME ADDRESS:	Yh3 Maccido Dalhatu Road,	Kabala Roa	d Sabon Gari.			
PAST MEDICAL	L HISTORY					
Have you (To the best of yo	ur knowledge) Ever had or st	ill have any	of the following?			
					YES	NO
				ASTHMA		
				DIABETIS		
				HYPERTENSION		
				SEIZURE DISORDER		
			I	MYOPIA/HYPERMYOPIA		
				SICKE CELL DISEASE		
HAVE YOU BE	EEN VACCINATED AG	AINST C	EREBROSPINA	AL SPINAL MENINGITIS?		

If No, would you like to take the test?

PHYSICAL EXAMINATION PART B: TO BE COMPLETED BY A PHYSICIAN

1.	HEIGHT (CM):					
2.	WEIGHT (KG):					
3.	VISUAL ACUITY-LEFT EYE:			RIGHT EYE:		
4.	HEARING:					
5.	HEANIAL ORIFICES:					
6.	PULSE RATE:					
7.	BLOOD PRESSURE:					
8.	APEX BEAT:					
9.	HEART SOUND:					
10.	ABDOMINAL ORGANS:					
11.	POSITION OF THE TRACHEA:					
12.	BREATH SOUND:					
INV	<u>ESTIGATIONS</u>					
1.	CHEST X-RAY (Comment):					
2.	P.C.V. (Comment):					
3.	URINALYSIS (Comment):					
Do y	ou believed that the Student is Physica	ally able to undertake	a full course of st	tudy involving long hour or work	in the University?	
		YES	NO			
ANY	Y OTHER COMMENT:					
Examining Physician's Name/Signature:		Qualification/Address:				