

STUDENT MEDICAL EXAMINATION FORM 2

(To be completed by the Examining Physician at O.B. LULU BRIGGS Health Centre, UNIPORT)

SECTION II

NAME: MCDON-EBUO, ALEXIA BELUCHI

1. GAIT	_____	NORMAL/ABNORMAL
2. SCALP	_____	NORMAL/ABNORMAL
3. DENTITION	_____	NORMAL/ABNORMAL
4. EYES	_____	NORMAL/ABNORMAL
5. PULSE	_____	NORMAL/ABNORMAL
6. BLOOD PRESSURE	_____	NORMAL/ABNORMAL
7. HEART SOUNDS	_____	NORMAL/ABNORMAL
8. CHEST	_____	NORMAL/ABNORMAL

AUSCULTATION

LABORATORY RESULTS

A. HB _____

B. SSICKLING _____

C. BLOOD GROUP _____

D. MAONTOUX _____ (if negative, give B.C.G.)

E. URINALYSIS:

 I. BLOOD _____

 II. PROTEIN _____

 III. GLUCOSE _____

F. CHEST X-RAY _____

G. RETROVIRAL _____

SCREENING

(OPTIONAL)

SIGNATURE OF PHYSICIAN _____

NAME IN CAPIRAL LETTERS _____

QUALIFICATION _____

CLEARANCE FOR RECORDS

SN	LABORATORY	SIGNATURE	DATE
	BLOOD/URINE/STOOL		
	MANTOUX		
	CHEST X-RAY		
	PHYSICAL EXAMINATION		