

**LADOKE AKINTOLA UNIVERSITY OF TECHNOLOGY, OGBOMOSO**  
**P.M.B 4000, OGBOMOSO**  
**STUDENT MEDICAL EXAMINATION OF FITNESS FOR ADMISSION**

Every fresh student is requested to complete part I of this form and report promptly at the University Health Centre after securing admission. You will need to pay for, and have your Chest Radiology and Medical Laboratory investigation done. Finally, you are to present the Chest X- Ray film and results of the Laboratory Test to a Medical Officer at the University Health Centre for completion of form II and III, having paid the additional required One thousand four hundred naira (₦1,400) for your Medical Clearance Certificate.

**PART I (TO BE FILLED 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 an hospital? Yes/No: .....

If Yes, please state reason for admission:.....  
.....

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

If Yes, state reason for treatment.....  
.....

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

Tuberculosis	Yes/ No	Nervous Diseases	Yes/No
Schistosomiasis	Yes/No	Any diseases of the heart ?	Yes/No
Any respiratory diseases e.g Bronchia	Yes/No	Any diseases of genitourinary System	Yes/No
Asthma		Allergies	Yes/No
Any diseases of digestive system	Yes/No		
Any nasal bleeding	Yes/No		

If one answer to any of the above is Yes, please give details and Date.....  
.....  
.....

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

Is your family a healthy one? Yes/No

Has any member of your family suffered from insanity or mental illnesses? Yes/No

Have you been immunized against any of the following?

Tetanus.....	Date.....
Yellow Fever.....	Date.....
Poliomyelitis.....	Date.....
Others.....	Date.....

**PART II TO BE COMPLETED BY A MEDICAL OFFICER IN LAUTECH HEALTH CENTRE**

HEIGHT..... (METER)

WEIGHT..... (KG)

Visual Acuity:

Without Glasses

R.6/ L.6/

Without glasses

R.6/ L.6/

Eyes

Ears

Circulatory system

Left

Heart

Right

Blood pressure

Pharynx

Respiratory system

Teeth

Lungs

Lymphatic Glands

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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.....

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Signature & date

Snellens or similar test should be use

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**PART III: TO BE COMPLETED BY A MEDICAL OFFICER IN LAUTECH HEALTH CENTRE**

Tuberculin Test (Mantoux with report)

RVS (Optional):

Cest X Ray with Radiologist Report

Remarks: .....

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Final Assessment of Health: .....

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Date

Officer

.....

Signature of Medical