

# FEDERAL UNIVERSITY OF HEALTH SCIENCES, ILA ORANGUN

## MEDICAL ENTRANCE SCREENING EXAMINATION FORM FOR STUDENTS

Student is requested to complete part I of this form, parts II & III will be completed by the designated officers at the University health center. The completed form should be forwarded to the Medical Director, University Health Services and archived in the students clinical folder.

### PART I

Surname: John

Other Names: Doe

Age: 20 | Date of Birth: 20/1/1995 | Sex: Male

Nationality: Nigerian | State: Oyo

Marital Status: Single | Faculty: Technology

Matric No: 12345 | Jamb Reg No: ER1234

Department: BMLS | Tel No: 098765

Religion: NONE

For Emergencies:

Next of Kin: NONE (NONE)

Address: NONE

Tel: NONE

A) Do you suffer from or have you suffered from any of the following?	Yes	No
a. Tuberculosis	Checked	
b. Asthma	Checked	
c. Peptic Ulcer Disease	Checked	
d. Sickle cell disease	Checked	
e. Allergies	Checked	
f. Diabetes	Checked	
g. Hypertension	Checked	
h. Seizures/Convulsions	Checked	
i. Mental illness	Checked	

<b>B) Has any member of your family suffered from:</b>	<b>Yes</b>	<b>No</b>
1. Tuberculosis	Checked	
2. Mental illness or insanity	Checked	
3. Diabetes Mellitus	Checked	
4. Heart Disease	Checked	

<b>C) Have you been immunized against any of the following diseases:</b>	<b>Yes</b>	<b>No</b>
1. Small pox	Checked	
2. Poliomyelitis	Checked	
3. Tuberculosis	Checked	
4. Meningitis	Checked	
5. Human Papilloma Virus (for females only)	Checked	
6. Hepatitis B	Checked	
Do you currently use tobacco products such as cigarettes, snuff etc?	Checked	
Do you have someone at home/school/hostel who smokes when you are present?	Checked	
Do you currently consume alcohol?	Checked	
If the answer to any of the above is Yes, provide details: NONE		
If there is any other relevant medical information not stated above, please provide details: NONE		

**Part II Clinical Examination: (To be completed by clinic staff)**

(a) Height: \_\_\_\_\_ (b) Weight: \_\_\_\_\_ (c) BMI: \_\_\_\_\_  
 (d) Visual Acuity (R) \_\_\_\_\_ (L) \_\_\_\_\_  
 (e) Blood Pressure (BP): \_\_\_\_\_ (f) Pulse rate (PR): \_\_\_\_\_

**Part III Laboratory Investigations: (To be completed by clinic staff)**

Urine \_\_\_\_\_  
 Albumin \_\_\_\_\_  
 Sugar \_\_\_\_\_  
 Genotype \_\_\_\_\_  
 Blood Group \_\_\_\_\_