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: Odebisi

Other Names: Praise Inioluwa

Age: 20 | Date of Birth: 2004-06-29 | Sex: Male

Nationality: Nigeria | State: Ogun

Marital Status: Single | Faculty: Allied Health Sciences

Matric No: 24/AUD/031 | Jamb Reg No: 202441466464FA

Department: Audiology | Tel No: 08050572848

Religion: Christianity

For Emergencies:

Next of Kin: Samuel Odebisi (Father)

Address: Aderoju Avenue, Iyana Ilogbo Ogun State

Tel: 08036708146

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

C) Have you been immunized against any of the following diseases:	Yes	No
1. Small pox		Checked
2. Poliomyelitis		Checked
3. Tuberculosis		Checked
4. Meningitis		Checked
5. Human Papilloma Virus (for females only)		
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 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 _____