

COUNCIL OF LEGAL EDUCATION



**NIGERIAN LAW SCHOOL Medical Form
ABUJA/LAGOS/ENUGU/KANO/YENEGOA/YOLA
STUDENT'S PERSONAL DATA
Bar Part II 2024/2025 Backlog Session**



Surname: _____

Other Names: _____

Phone No: _____

Date of Birth: _____

Name of Next of Kin: _____

Address of Next of Kin: _____

Next of Kin Phone No: _____

Medical Data (to be filled by a Medical Doctor from a Government Hospital)

1. (a) Height _____ metres (b) Weight _____ kg
2. (a) Pulse _____ (b) Blood pressure _____ (c) Respiratory rate _____

3. (a) Hemoglobin estimation: _____
(b) Genotype: _____
(c) Blood group: _____
(d) Clotting time: _____

4. Urine analysis _____

5. Stool Analysis: _____

6. Chest
(a) X-ray (including report) : _____
(b) Sputum test for AFB: _____

7. Visual test
rl (with glasses) _____
rl (without glasses) _____

8. (a) Hepatitis vBsAg _____
(b) Hepatitis C Virus _____

9. Do you have allergy? If yes, state _____

10. Do you have the following? State yes or no _____
(a) Asthma _____ (b) Heart Disease _____
(c) Hypertension _____ (d) Epilepsy _____
(e) Migraine _____ (f) Depression _____

- (g) Tuberculosis _____
- (i) Blood Disorder _____
- (k) Skin Diseases _____
- (m) Physical Defect _____
- (o) Peptic Ulcer _____
- (h) Diabetes _____
- (j) Liver Disease _____
- (l) Syncope _____
- (n) Others Specify _____

State reason (if any)

11.11. _____

Have you ever been hospitalized? If yes state Reason(s) _____

12. Have you ever had blood transfusion? If yes state reason(s)

13. State any physical, medical or surgical problem (apart from those already listed) that may interfere with your academic work during your stay in Law School:

14. State the last time you were immunised against the following diseases.

(a) Cerebrospinal meningitis _____ Yellow Fever _____

15. Full name and address of government hospital with official stamp.

Signature of Medical Officer _____

Full name _____

Date _____

NB: Read Carefully

- (1) The medical data portion of this form is to be completed , signed and stamped by a Medical Practitioner from a government hospital.
- (2) All completed forms duly signed and stamped, should be returned with the following:
 - (a) Chest X-ray with report
 - (b) Laboratory investigation result
- (3) Accommodation shall only be given when the above have been complied with.
- (4) Information disclosed in this form will not adversely affect your chances of getting admission; it will only assist the Medical Personnel in the discharge of their duties.
- (5) Completed copy of this form is to be brought to the NLS after you have been offered admission.