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# SULE LAMIDO UNIVERSITY

P.M.B. 048 Kafin Hausa, Jigawa state, Nigeria

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*(Office of the registrar)*

## MEDICAL EXAMINATION FORM A

1. Name of the student \_\_\_\_\_
2. Registration number \_\_\_\_\_
3. Nationality \_\_\_\_\_ State of origin \_\_\_\_\_ LGA \_\_\_\_\_
4. Age \_\_\_\_\_ height \_\_\_\_\_ weight \_\_\_\_\_
5. History of any medical condition \_\_\_\_\_
6. Eyes: Right \_\_\_\_\_ Left \_\_\_\_\_
7. Blood Group \_\_\_\_\_
8. HBSAg \_\_\_\_\_
9. Urinalysis \_\_\_\_\_
10. Remark by the physician \_\_\_\_\_

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Name of the physician \_\_\_\_\_ signature/stamp/date \_\_\_\_\_