

# PRINCESS MEDICAL CENTRE

NO. 7 NATIONAL SUPPLY RD.

P.M.B. 046

Port Harcourt

Tel:

## MEDICAL EXAMINATION REPORT FORM

### 1. PERSONAL DATA

NAME Okezie Valentine  
Sex male Age 27 yrs  
Company \_\_\_\_\_  
Blood group O Rh D positive Genotype AA

### 2. MEDICAL HISTORY (SELF & FAMILY)

Hypertension ..... Asthma .....  
Diabetics ..... Tuberculosis .....  
Hepatitis ..... Allegories .....  
Previous surgery ..... } N/A  
Others (Specify) ..... } N/A  
Alcohol consumption (specify type and average daily/weekly intake).  
Hospitalization (s) in the past 2 years (give dates and diagnosis).

### 3. PHYSICAL EXAMINATION

General Condition Satisfactory  
Pulse Rate 80 bpm Respiratory rate 20 bpm  
Blood Pressure 110/70 mm Hg Weight (kg) 88kg  
Skin Normal Height (cm) 1.85cm  
Musculoskeletal system .....  
Central Nervous system .....  
Cardiovascular system .....  
Respiratory system .....  
Abdomen .....  
Urogenital system ..... } N/A  
Hernia Orifices .....  
.....

### 4. VISUALS

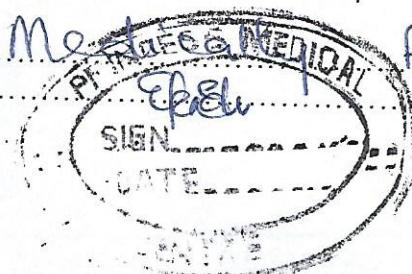
Glasses [Yes/No] ..... If yes, specify .....  
Visual Acuity ..... L 5/6 R 5/6

### 5. INVESTIGATIONS

Full Blood counts Hb 13.1 g/dl Urinalysis / Urine m/c/s. Amber Clear, pH - 6.0  
~~Hepatitis~~ Chest X-ray - Normal. HIV Serology - Negative  
VDRL (Syphilis) ..... Herpes .....  
Stool Analysis ..... Sputum AFB .....

REMARKS.....

DOCTORS SIGNATURE.....



File No. ....  
DATE 12/9/13