

# PRINCESS MEDICAL CENTRE

NO. 7 NATIONAL SUPPLY RD.

PMB. 046

Port Harcourt

TEL.

## MEDICAL EXAMINATION REPORT FORM

### 1. PERSONAL DATA

NAME Okeme 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

Allergies

Previous surgery

Others (Specify)

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 cpm

Blood Pressure 110/70 mm Hg

Weight (kg) 88 kg

Skin Normal

Height (cm) 1.85 cm

Musculoskeletal system

Central Nervous system

Cardiovascular system

Respiratory system

Abdomen

Urogenital system

Hernia Orifices

### 4. VISUALS

Glasses [Yes/No]

Visual Acuity L 5/6 R 5/6 If yes, specify

### 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 Sero Negative

VDRL (Syphilis)

Herpes

Stool Analysis

Sputum AFB

REMARKS

DOCTORS SIGNATURE



DATE 12/9/13