

Usmanu Danfodiyo University, Sokoto **Health Services Department Pre-registration Medical Screening Report**

MARITAL STATUS:

Single

Admission Number Part A 2412106035

NAME OF STUDENT:	AUWAL, SA'ADU		
AGE:	22	SEX:	Male

NATIONALITY: Nigeria STATE: Sokoto LGA: Tanzaga

FACULTY: Physical and Computing Sciences

DEPARTMENT: Computer Science RESIDENTIAL Ayama, Tangaza

ADDRESS (While on

Study):

PERMANENT HOME Ayama, Tangaza

ADDRESS:

PAST MEDICAL HISTORY

Have y

ou (To the best of your knowledge) Ever had or still have any of the following?		
	YES	NO
ASTHMA		
DIABETIS		
HYPERTENSION		
SEIZURE DISORDER		
MYOPIA/HYPERMYOPIA		
SICKE CELL DISEASE		
HAVE YOU BEEN VACCINATED AGAINST CEREBROSPINAL SPINAL MENINGITIS?		
CHOLERA		
HEPATITIS		
DO YOU KNOW YOUR HIV STATUS?		
If No, would you like to take the test?	_	

PHYSICAL EXAMINATION PART B: TO BE COMPLETED BY A PHYSICIAN

1.	HEIGHT (CM):				
2.	WEIGHT (KG):				
3.	VISUAL ACUITY-LEFT EYE:			RIGHT EYE:	
4.	HEARING:				
5.	HEANIAL ORIFICES:				
6.	PULSE RATE:				
7.	BLOOD PRESSURE:				
8.	APEX BEAT:				
9.	HEART SOUND:				
10.	ABDOMINAL ORGANS:				
11.	POSITION OF THE TRACHEA:				
12.	BREATH SOUND:				
INV	<u>ESTIGATIONS</u>				
1.	CHEST X-RAY (Comment):				
2.	P.C.V. (Comment):				
3.	URINALYSIS (Comment):				
Do y	ou believed that the Student is Physica	ally able to undertake	a full course of st	tudy involving long hour or work	in the University?
		YES	NO		
ANY	Y OTHER COMMENT:				
Exa	mining Physician's Name/Signature:		Qual	ification/Address:	