

OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE

STUDENT HEALTH SERVICE

MEDICAL HISTORY FORM



PART I (To be completed by the student)

UTME NO: 35555702BB

REGISTRATION NO: CSC/2013/146

NAMES: OLAJIDE ABDUL RAZZAQ FOLARIN

DATE OF BIRTH: 07/11/1995

SEX: Male

NATIONALITY: Nigeria

Marital STATUS: Single

ETHNIC ORIGIN: Yoruba

FACULTY:: Technology

DEPARTMENT:: Computer Science & Engineering

Next of Kin: Parent/Guardian

NAME: MR OLAJIDE ---ADDRESS: No 1 Pa Mudasiru Olajide St, Elebu Oluyole Ext, Ring Road, Ibadan, Oyo State.

RELATIONSHIP: Parents TELEPHONE NUMBER: 08036012134

(B) Have you ever had or do you now have any of the following.

Arthritis	No	G.C		Migraine	No
Asthma	No	Genito-Urinary Disease	No	Parasitic / Worm Disease	No
Bone, Joint Disease (Other Deformity)	No	Hay Fever	No	Poliomyelitis	No
Bronchitis	No	Headache (Recurrent)		Rheumatic Fever	No
Diabetes	No	Heart Disease	No	Skin Disease (incl. leprosy)	No
Eyes, Ears, Nose, Throat trouble	No	High Blood Pressure	No	Stomach or Duodenal Ulcer	No
Dizziness or Fainting	No	Jaundice	No	Tuberculosis	No
Drug Sensitivity	No	Kidney Disease	No	Schistosomiasis	No
Dysentery	No	Liver or Gall Bladder Disease	No	Others (specify) Nil	
Epilepsy/Fit	No	Malaria	No	Nil	
Filariasis	No	Menstrual Disorders	No		

(C) Did you or do you smoke? No
 Since When? Nil
 What quantity per day? Nil

(D) What activity do you enjoy in your spare time? Nil
 Do you take part in any athletic pursuits? Rarely
 Do you represent your school in any sport? No If YES, which ? Nil

(E) Do you get very anxious at the time of class tests/exams? No

(F) Have you ever received counselling/treatment for emotional disturbances, nervous disorders or mental illness? No

(G) Give details of any serious illness, injuries and accidents, fracture or any operation you have had. Nil

(H) Give details of any previous admission into hospital as an in-patient for causes other than in (g) above. Nil

(I) State any current medical/surgical/psychiatric treatment you may be receiving. Nil

(J) Has any member of your family or a close relative suffered from tuberculosis, diabetes or mental nervousness? No
 Please, give details. Nil

(K) Have you been immunised against?					
		DATE(S)			DATE(S)
Poliomyelitis	No	2017-07-01	Typhoid	No	2017-07-01
Small Pox	No	2017-07-01	Yellow Fever	No	2017-07-01
Tetanus	No	2017-07-01	Others	Nil	2017-07-01
Tuberculosis	No	2017-07-01			

I certified that the above history is true to the best of my knowledge

Date _____ STUDENT'S SIGNATURE _____