Tai Solarin University Of Education

P.M.B 2118, Ijebu-Ode, Ogun State, Nigeria

Undergraduate (Full-Time)

MEDICAL CENTRE

STUDENTS' HEALTH INFORMATION DATA (CONFIDENTIAL)

Please complete this carefully as information therein will form part of your health record during your stay in the University. Note that the Clinic will not attend to student who is not duly registered with it.	

SECTION I

JAMB REG.NUMBER:....202330400191JA..... MATRIC NUMBER:.....

A. BIODATA

Surname:...Olusanmi-Sogbein..... Other Names:.....Victor Feyikemi.....

Date of Birth...2006-02-23.....

Gender : Male (*) Female ( )

Marital Status: Single (*) Married ( )

Home Address:.....3, Bolu Street, Olorunsogo Estate, Molipa, Ijebu-Ode.....

Parent/Guardian/Spouse....Sogbein Adejoke Yetunde..... Relationship.....Parent.....

Address : ...3 botu street olorunsogo estate molipa ijebu ode .... Telephone Number:....08155605233.....

#	Questions	Option	Responds
Medical History			
1	Have you in the past noted yellowness of your eyes?	No	
2	Have you had a cough that lasted for up to a month or more?	No	
3	Have you had any penile discharge?	No	
4	Have you had any vaginal itching/discharge before?	No	
5	Do you suffer from any handicap?	No	
6	Are you a sufferer of sickle cell disease?	No	
7	Are you Asthmatic?	No	

#	Questions	Option	Responds
8	Do you have any current or long term medical problem for which you see or have seen a doctor on a regular basis? If so, specify; including the name and phone number of the doctor.	No	
9	Have you ever been admitted overnight in the hospital? Did you have an operation? If so, specify reason for admission, date and type of surgeries, if any performed	No	
10	Are there any other medical problems you think the doctor should know	No	
11	Have you had any problem requiring the service of a psychologist or a mental health provider?	No	
12	Have you been tested for H.I.V.?	No	
13	What is the result?	No	
14	Would you like tested for H.I.V.?	No	
15	Do you have any visual disturbance?	No	
Social History			
1	What activity do enjoy in your spare time?	Yes	Playing classical music
2	Have you ever represented your school in any sporting event?	No	
3	Do you smoke?	No	
4	Do you take alcohol?	No	
Drug History			
1	Are you currently on any medication?	No	
2	Do you have abnormal reaction (allergy) to any drug?	No	
Immunisation History			
1	Have you been immunised against the following disease before?	Yes	
2	Tetanus	No	
3	Meningitis	No	
4	Yellow Fever	Yes	
5	Tuberculosis	No	
6	Typhoid Fever	Yes	
For Female Students			

#	Questions	Option	Responds
1	When was last menstrual period? (LMP)	No	
2	Are you currently pregnant?	No	

SECTION II

Body Mass		
1.	What is your height? (in metres)	_____
2.	What is your current weight? (in Kg)	_____
TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONAL		
1.	Eyes (WITH/WITHOUT GLASSES) (L-6)	_____
2.	Eyes (WITH/WITHOUT GLASSES) (R-6)	_____
3.	EAR (R-6)	_____
4.	EAR (R-6)	_____
5.	NOSE	_____
6.	MOUTH	_____
7.	CHEST (X-Ray Number and Report Please)	_____
8.	CHEST (Lung Field)	_____
9.	CHEST (Heart Field)	_____
10.	ABDOMEN (Distensions)	_____
11.	ABDOMEN (Liver)	_____
12.	ABDOMEN (Spleen)	_____
13.	ABDOMEN (Kidneys)	_____
14.	ABDOMEN (Hernia Orifices)	_____
15.	BLOOD PRESSURE	_____
16.	PULSE RATE	_____
17.	State other physical findings of significance	_____
LABORATORY TESTS		
1.	Urine Analysis	_____
2.	Stool Analysis	_____
3.	P.C.V.	_____

4.	Blood Group	_____
5.	Genotype	_____
6.	H.I.V.	_____
7.	Lab. Technologist Signature	_____

SECTION III

FOR UNIVERSITY MEDICAL CENTRE ONLY		
1.	Questionnaire checked and passed	Yes _____ No_____
2.	Comments and other actions on (1) above	_____
a.	Further Test (Please Specify)	_____
b.	Treatment ordered as regards (a) above	_____
	..... University Medical Officer	