



**GLORIOUS POLYTECHNIC COLLEGE**  
**STUDENTS MEDICAL EXAMINATION FORM**

To be filled by a Recognized Medical Officer

**PARTICULARS OF THE STUDENT**

Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Program: \_\_\_\_\_

**PART A: MEDICAL HISTORY**

Indicate Yes or No For history of any previous or existing Illness.

Epilepsy \_\_\_\_\_

Tuberculosis \_\_\_\_\_

Asthma \_\_\_\_\_

Hepatitis A,B,C \_\_\_\_\_

Psychiatric disorders \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart disorders \_\_\_\_\_

Allergies \_\_\_\_\_

Gastritis/Peptic Ulcers \_\_\_\_\_

Hematological disorders \_\_\_\_\_

Disability \_\_\_\_\_

Significant Historical information:

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**PART B: PHYSICAL EXAMINATION**

**General Appearance:** \_\_\_\_\_

**Height(cm):** \_\_\_\_\_

**Weight(kg):** \_\_\_\_\_

**BP(mmHg):** \_\_\_\_\_

**PR:** \_\_\_\_\_

**Hearing: Right** \_\_\_\_\_ **Left** \_\_\_\_\_

**Vision: Right** \_\_\_\_\_ **Left** \_\_\_\_\_

**Skin:** \_\_\_\_\_

**Chest:** \_\_\_\_\_

**Heart:** \_\_\_\_\_

**Abdomen:** \_\_\_\_\_

**Genitalia:** \_\_\_\_\_

**PART C: LABORATORY EXAMINATION**

<b>Urinalysis</b>	<b>Leukocytes</b>	<b>Glucose</b>	<b>Protein</b>	<b>Ketones</b>	<b>Erythrocytes</b>
<b>Stool Analysis</b>	<b>Ova</b>	<b>Blood</b>	<b>Bacteria</b>		
<b>Full Blood Count</b>	<b>WBC&amp;differentials</b>	<b>Hemoglobin</b>	<b>Hematocrit</b>	<b>Platelets</b>	
<b>Blood Group</b>					
<b>Syphilis</b>			<b>Hepatitis</b>		

**PART D: RADIOLOGICAL EXAMINATION**

**Chest X-Ray Findings:**

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**PART E: DECLARATION BY AUTHORIZED MEDICAL PRACTITIONER**

**I certify that I have examined the above mentioned student and the information provided is correct. The general state of health, physical and mental condition is good/not good and is fit/unfit for academic studies at Glorious Polytechnic College. (Circle the answer)**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature & stamp:** \_\_\_\_\_