

## MEDICAL EXAMINATION

Name : \_\_\_\_\_ I/C No : \_\_\_\_\_ Sex : M / F

Date of Birth : \_\_\_\_\_ Marital status : Single / Married / Divorced / Widowed

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### 1. FAMILY HISTORY OF DISEASES :

Relationship

Physical

Psychiatric

### 2. MEDICAL HISTORY : [ Please tick where applicable and specify illness + date of onset]

- |     |                |               |                        |
|-----|----------------|---------------|------------------------|
| 2.1 | Allergies      | Anemia        | Asthma                 |
|     | Bronchitis     | Cancer        | Cardiovascular Disease |
|     | Diabetes       | Dysmenorrhoea | Epilepsy               |
|     | Gastric ulcers | Hepatitis B   | Infectious Diseases    |
|     | Poliomyelitis  | Pneumonia     | Rheumatic Fever        |
|     | Tuberculosis   | Typhoid       | VD / HIV / AIDS        |

### 2.2 History of injury or surgery during the past 5 years :

Nature of injury / surgery

Date

Outcome of recovery

### 3. PHYSICAL EXAMINATION :

General appearance     excellent     good     fair     poor

Posture : \_\_\_\_\_ Height : \_\_\_\_\_ (cm) Weight : \_\_\_\_\_ (kg)

### 3.1 Alimentary :

3.2 Cardiovascular    Pulse : Rate \_\_\_\_\_    Rhythm \_\_\_\_\_

Blood Pressure : \_\_\_\_\_ E. C. G : \_\_\_\_\_

Blood profile : Hb : \_\_\_\_\_ Blood group : \_\_\_\_\_

3.3 Ears, Nose and Throat :

3.4 Genito-urinary : Urinalysis : \_\_\_\_\_

Male : Hernia : \_\_\_\_\_

Female : Menstrual History : \_\_\_\_\_

3.5 Nervous system : Reflexes : \_\_\_\_\_

3.6 Respiratory : On examination : \_\_\_\_\_ X-Ray report : \_\_\_\_\_

3.7 Musculo – Skeletal : \_\_\_\_\_

3.8 Vision :

**4. HABITS :**

Tobacco : \_\_\_\_\_

Alcohol : \_\_\_\_\_

Drugs : \_\_\_\_\_

**5. HISTORY OF PSYCHOLOGICAL OR PSYCHIATRIC DISORDERS :**

Date of onset

Treatment Received

Present condition

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**REMARKS :** In my opinion, the applicant is / is not \* (*Please delete as applicable*) medically fit to carry a full course of study in your Seminari which requires both academic and practical training in a residential community setting.

Any other comments :

Signature : \_\_\_\_\_

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

Qualifications :