



ALVAN IKOKU FEDERAL COLLEGE OF EDUCATION OWERRI

www.aifce.edu.ng

DEPARTMENT OF HEALTH SCIENCE MEDICAL EXAMINATION FORM

ATTACH
PASSPORT
PHOTOGRAPH
Name and signature
at the back of photo

All Medical Examinations are to be done at the AIFCE Medical Centre, Owerri. Prospective students should complete part A of this form and report to the Medical Centre as soon as possible after receipt of this form.

PART A FOR STUDENT

Name:.....

Registration Number:..... Medical No:.....

School:..... Dept:.....

Date of Birth:..... Sex:.....

Marital Status: (Married/Single)..... No. of Children.....

(a) Would you say that your health was excellent/good/fair/poor:.....

(b) Have you ever had any serious illness or operation.....

(c) Have you ever been admitted into a hospital as an in-patient?

If so please state reason for admission, name of hospital and date

.....

Previous Health

(d) Have you ever suffered from any of the following:

- | | | | |
|------------------------|---------|---------------------|--------|
| 1. Tuberculosis | Yes/ No | 13. Drug Reaction | Yes/No |
| 2. High Blood pressure | Yes/No | 14. Fainting Attack | Yes/No |
| 3. Epilepsy or Fits | Yes/No | 15. Kidney Disease | Yes/No |
| 4. Brain Fag | Yes/No | 16. Hepatitis | Yes/No |
| 5. Mental Illness | Yes/No | 17. Gonorrhoea | Yes/No |
| 6. Asthma | Yes/No | 18. Stomach ulcer | Yes/No |

- | | | | |
|-----------------------------|--------|------------------------|--------|
| 7. Heat in the head or body | Yes/No | 19. Sickle Cell | Yes/No |
| 8. Bronchitis | Yes/No | 20. Pile if Harningiri | Yes/No |
| 9. Allergy | Yes/No | 21. Skin Disease | Yes/No |
| 10. Diabetes | Yes/No | 22. Hernia | Yes/No |
| 11. Poor Hearing | Yes/No | 23. Dysentery | Yes/No |
| 12. Poor Eyesight | Yes/No | 24. Insomnia | Yes/No |

- (e) Do you participate in any athletics:.....
- (f) Are you being treated for any illness now? If so what drugs have been prescribed?

Signature:..... Date:.....

PART B (FOR AIFCE USE)

BP PULSE HEIGHT WEIGHT

VISION HEARING

GENERAL EXAMINATION

OTHER RESULTS OF INVESTIGATION

URINE ALB SUGAR OTHERS

BLOOD HB BLOOD GP. SICLING

STOOL CHEST XRAY

 DOCTOR'S SIGNATURE

 DATE