MEDICAL EXAMINATION

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

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

* *

1. FAMILY HISTORY OF DISEASES:

Family Medical History	Relationship

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

2.1

☐ Allergies ☐ Anemia ☐ Asthma
☐ Bronchitis ☐ Cancer ☐ Cardiovascular Diseases
☐ Diabetes ☐ Dysmenorrhea ☐ Epilepsy
☐ Gastric ulcers ☐ Typhoid ☐ Rheumatic Fever
☐ Poliomyelitis ☐ Pneumonia ☐ Hepatitis B*
☐ Tuberculosis* ☐ VD / HIV / AIDS*

Others, please specify: ___________________________

Note: Full blood test is recommended but not compulsory.
*** Blood test is compulsory for these items.**

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-Respiratory System:

BP: _________ Pulse Rate: _________ Peripheral Pulses: _________

Heart: ____

Lungs: ____

Blood profile:

Hb: ________ Blood group: ________

3.3 Ears, Nose and Throat: ____

3.4 Genito-urinary:

Urinalysis: ____

Hernia (Male): ____________________ Menstrual History (Female): _____________________

3.5 Nervous system:

Reflexes: ____

Visual: ____

Hearing: ____

3.6 Musculo-Skeletal: ____

4. HABITS:

Tobacco: _______________ Alcohol: ________________ Drugs: ___________________

5. HISTORY OF PSYCHOLOGICAL OR PSYCHIATRIC DISORDERS:

Family Psychiatric History	Relationship

History of seeking psychiatry/counselling services: ☐ Yes ☐ No

If yes, please specify: -

i) Diagnosis: ____

ii) Onset: ____

iii) Medication: ____

iv) Current condition: ____

****

REMARKS : In my opinion, the applicant **is** / **is not** medically fit to carry a full course of study in your college which requires both academic and practical training in a residential community setting.

Any other comments:

Signature: Date:

Qualifications:

Updated: July 2024